verbrook

ADDRESS Fellows, Millington, Md. 21651

FOR

- STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

20. DATE OF DEATH YEAR 26 HOUR AGE (IN YEARS LAST BIRTHDAY) DAYS BALTIMORE CITY OR COUNTY OF DEATH 12h. RIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Boats Unknown Christine P. Richards, P.O. Bo 94 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [COUNTY STATE that (I) (we) lost and that in (my) (aur) apinion death occurred an the date and hour and from the causes stated 22c. DATE SIGNED

minotan

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

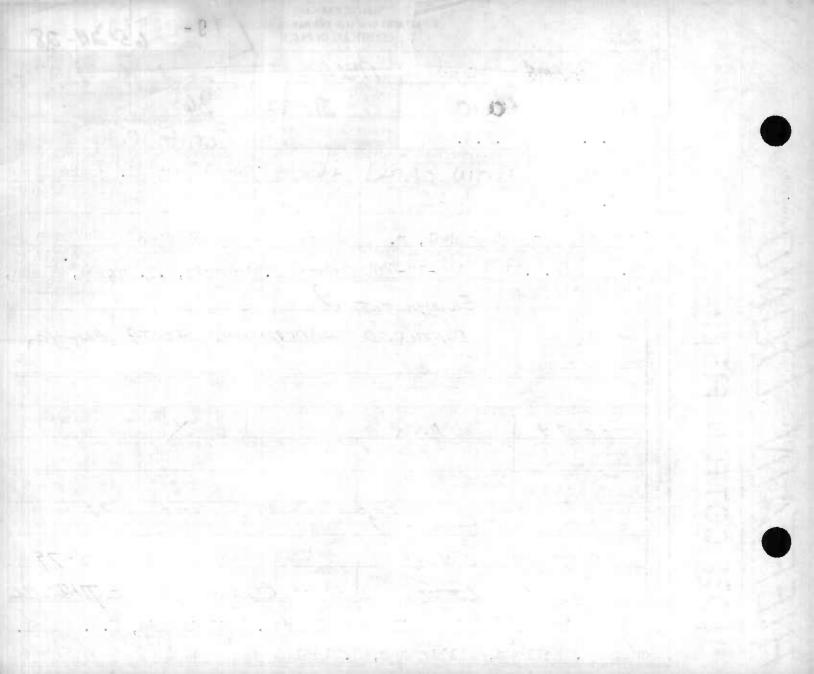
STATE

Dal

DHMH - 16 50M 1/76 (VR A 15 (4))

24. FUNERAL DIRECTOR

BP.



	1 - STAT REG 1. DECEASE (TYPE OR PRIN
completely filled in by the funeral director, page 3 mov be completely filled in by the funeral director, page 3 i and 2 shauld be filled within 72 hours after death all examines must be notified at ance.	3. SEX
death. Pour nature direction 72 hours	7a. BIRTHPL COUNTRY MARY
within 24 hours after death. Poletely filled in by the funeral of d 2 should be filed within 72 hours the natified of ance	0
filled in hauld be	USUAL RES 13a. STATE
completely s I and 2 sl	14 FATHER
3 0 0	14n WASD

remove carban papers. Pages 1

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carban pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

the attending physician

and

6500 YORK RD.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-00571

	CEASED NAME	FIRST		MIDDLE	LAS		TA DATE OF DEATH	MONTH	DAY YEAR	Tal LIC	4.40
		PIKST		WIOOFF	LAS	SI .	20. DATE OF DEATH	MONTH		26 HC	50
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3. SE)	Х		4 RACE		5. DATE OF	BIRTH	6. AGE (IN YEARS LAST B	RTHDAY)	IF UNDER 1 YE	AR IF UND	-
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	MARYLAND	ATH			WIDOWED	OTHER INSTITUTION	120 USUAL OCCUPA			OF BUSIN	NESS
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	JAMES	R		RICHAE	RDS	ALICE			WILLS		
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()	NO NO OB UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	213-74-3	3204 N	OWLAND GWYNN	314 OHIO	AVE S	ALISBUR	Y, MI	
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ATION	gave rise to improve (a), statistic underlying couse	mediate ng the lost NIFICANT (DUE TO, O	ONTRIBUTING TO	DEATH BUT DEATH	OT RELATED TO THE TERM	MINAL DISEASE OR CO	NDITION 206. IF	YES, WERE FIN	DINGS US	
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DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

MITCHELL WIEDEFELD HOME



ANTER SELECTION OF THE						
ALCONOMIC MARCES VIPERING HORSE (MESSAGE ONES) (MES		AEA-15				
ALICE CONTROL	la la	21,1897		277067		STUDIES!
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oftending physici

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

79-00573

	REGISTRAR			CERTII	ICAIL OF DE	ATH	REG. N	10.		
	CEASED NAME FIRST		WIDDLE		LAST	-	2a. DATE OF DEATH	MONTH D	AY YEAR	2b HOUR
(1176	GEOR	C-F	F	A:	DAMS			1 21	1970	6.30
. SE		4 RACE	1	5. DATE (OF BIRTH		6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HI
	Male	BV.	· Jar	MONT	9 28	YEAR 10	68		AONTHS DAYS	HOURS MI
≥ B1	IRTHPLACE (STATE OR FOREIGN	7h CITIZEN OF	WHAT COUNTRY?	8	20		9 BALTIMORE CITY	YRS.	OF DEATH	
C	OUNTRY)				DEVER MA	RRIED				
	altimore Md.		SA HOSPITAL NURSIN	WIDOW		RCED	Baltimo			
		(IF NOT IN SUC	CH FACILITY, GIVE STREET	ADDRESS)		UTION	120 USUAL OCCUPAT	ON . OF WORKING LIFE	INDUSTRA	Shone's
	altimore		h Charle		t. Gene	ral		lecto		Co.
3a S	AL RESIDENCE (IF NURSING HOME OF		BST PTIME		13d INSIDE CITY		13e STREET ADDRESS		7 7	
FA	ATHER'S NAME				YES IS NOTHER'S M	IO	1606 Mo	relan	d Ave.	•
	FIRST	MIDDLE	LAST		FIRS	57	WIDDIE		LAS	
	George	T.	Adams		Edi				Flemir	19
	WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	166 SOCIAL SECU		17. INFORMANT		ADDR		1	
	yes WW	<u> </u>	215-01-	-9939	Mrs.	Ellza	abeth C. i	idams.		
	18 CAUSE OF DEATH Enter or	ly one couse per	line for (o), (b), one	dic.	\				BETWEEN	IMATE INTERVAL ONSET AND DEAT
	PART I. DEATH WAS CAUSE	E CAUSE (o)	Care	inom	citorio					
	11.79									
	Conditions, if ony, which	DUE TO, O	R AS A CONSEQUE	1	nd.					
	gove rise to immediate	(b)_		, (m. 10)	0000					
	cause 101, stating the underlying couse lost.	DUE TO, O	R AS A CONSEQUE	NCE OF					1930	
		((c)								
2	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO	THE TERM	INAL DISEASE OR CON	IDITION GIVE	EN IN PART 10	ומ
2										
CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORM	1ED	20a. AUTOPSY?		, WERE FINDIN YING CAUSES	
K	21a. ACCIDENT WAS UNDERLYING	216. TIME C		-	21c. HOW INJU	RY OCCURR	RED LENTER NATURE OF INJU			1.0
	OR CONTRIBUTING CAUSE OF DE	.,,,,	M. MONTH DA							
	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P. 21e PLACE	M.	19	21f LOCATION					
Line	WHILE NOT WHILE AT WORK		REET, FACTORY, OFFICE, F	ARM, ETC.)	STREET		CITY OR TO	WN	COUNTY	STATE
	220.1 certify that (I) (this hospi	to attended th	e deceased from_	1-	L	1979			979,	that (I) (we)
	saw the deceased glive on above ((1)) we ((did)) did no			19 .01	nd that in (my lo	opinion o	death occurred on the d	ote and hour	and from the	couses stated
	22b. SIGNATURE	TI VIEW THE BODY	offer death.		DEGREE				220 DATE	&IGNED
	D. M. M. L	100		1	UT ATT	ENDING	MEDICAL STA		11/2	120
	22d. PHYSICIAN'S NAME ITYPE O	OWV C			22e. ADDRESS	YSICIAN [DIRECTOR PHYSI	LIAN 🙆	1,/2/	109
	The O	and direct			ADDRESS					
a B	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. N	NAME OF C	EMETERY OR CRE	MATORY	23d LOCATION		COHNTY	STATE
	Burial	1-25	-/9 F	Arbut	us Mem	. Par	k "Baït:	Lmore	CO.	
FL	UNERAL DIRECTOR		ADDOS OF	- 11	100	25a. DATE	REC'D. BY REGISTRAR	25b. BEGIST	RAR'S SIGNAT	URE
	Herbert E. N	utter	3035°W.	Nort	h Ave.	JAN	23 1979	profe	ray /Xel	ready

DHMH - 16 50M 1/76 (VR A 15 (4))

IMPORTANT: If Item 21 is marked at Item 18 shaws ony injury, at other traumatic event, th

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove corbangape with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or remaval.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth

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DHMH - 16 50M 7/77 (VR A 15 (4))

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	FOR 1 - STATE REGISTRAR 1 DECEASED NAME FIRST MIDDLE					CERTIF	EALTH AND MENTAL HYG ICATE OF DEATH	FIENE 7	9-005	75	
	1 DEC	CEASED NAME OR PRINT)	FIRST	M	IDDLE	- 1/	AST	20. DATE OF DEATH	MONTH DAY	YE AR	B. HOUR
	(1112	OKPRINI	ELSIE	E	7	AFFE	LDT	1	21/79		11 pm M
	3 SEX	(4	? \CE		5. DATE O		6. AGE (IN YEARS LAST BIRT			IF UNDER 24 HRS
	* 0.0	FC		C44		MONTH	26/99 YEAR	779	YRS.		HOURS MIN
5		RTHPLACE (STATE OR FO	DREIGN 76	U. S	VHAT COUNTRY?	MARRIE	D NEVER MARRIED D	BALTIMORE CITY O		AIH	MD.
4		TY OR TOWN OF DEA	TH II	(IF NOT IN SUCH	OSPITAL, NURSIN FFACILITY, GIVE STREET A MEMORIAL	ADDRESS)	OR OTHER INSTITUTION	12a. USUAL OCCUPATA (TYPE OF WORK FOR MOST OF		KIND OF USTRY	BUSINESS OR
	WSUA 12a S	AL RESIDENCE ENCHIRS						1	14-14-14-14		
5	130. 5	MD.	136 COUNTY		BAC		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	36 INS	7	
G	I4 FA	THER'S NAME FIRST	3 WID	DLE	LAST		15 MOTHER'S MAIDEN NA FIRST	WE		LAST	
		AS DECEASED EVER	IN U.S. ARME		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE		J.	
	11	NO	(IF 1ES, GIVE W	AR OR DATES)		- 30	AMMA W	ATTS	(SAMI	2)	
	NOI	Conditions, if ony, gove rise to imm couse (o), stotin underlying couse	nediate ig the lost.	(b) DUE TO, OR (c)	AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	NINAL DISEASE OR CONE	DITION GIVEN IN F	PART 1(o)	
1	CERTIFICATION	190 DATE OF OPERA	NON	196 CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING O	FINDING AUSES C	S USED OF DEATH?
2		210. ACCIDENT WAS UND	AUSE OF DEATH	7111-107	A. MONTH DA		21c. HOW INJURY OCCUR			PART 2)	
	MEDICAL	(IF EITHER, NOTIFY MEDIC.		P.A 21e, PLACE C		19	211. LOCATION				
	ME		HILE		ET, FACTORY, OFFICE, FA	ARM, ETC.)	STREET	CITY OR TOW	u con	MTY	STATE
		22a I certify that (1) saw the decease obove, (1) (we) (c	ed olive on.	1 2	19	1 14 on	nd that in (my (our) opinion	, to2 death occurred on the do	te and hour and fi		ouses stated
		22b. SIGNATURE		7 0	, 0		DEGREE ATTENDING	MEDICAL STAF	F	C DATES	IGNED
		22d PHYSICIAN'S NA	AME (TYPE OR PI	- Joseph	alt mis		PHYSICIAN [22e, ADDRESS	DIRECTOR PHYSIC	IAN	121	[[7]
/		Benjan		. Yo	+Koff		HMW				3331
	23a B	BURIAL CREMATION,	REMOVAL	23b. DATE	/ 4 .	IAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN B4 LTO	M P) COUNTY		STATE
		INTERAL DIRECTOR	Charo	- ES3	36/70	eles	Lunday JA	N 2 5 1979	256 PESUSCIPARIS	ice st	andy .

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be faithful of an order

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	FOR STATE REGISTRAR			CERTIF	EALTH AND MENTAL HYGI	IENE 7	9-00	1576	6
	(TYPE	CEASED NAME FIRST ETHEL		MIL	AI	KENS	20. DATE OF DEATH	PI IC	79	7 AM
	3. SEX	FEMALE	4. RACE BLA		5. DATE C	OAY YEAR		S YRS.	HS DAYS	IF UNDER 24 HRS. HOURS MIN
100	C	IRTHPLACE (STATE OR FOREIGN OUNTRY) Virginia	U. S.	WHAT COUNTRY?	MARRIE WIDOWE		Baltimore City o	_ ^	HTAG	MD.
B	10 CI	Baltimore	(IF NOT IN SU	ch facility, give street A Lversity I	GHOME CADDRESS) Hospi	DR OTHER INSTITUTION tal	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST O		26. KIND OF	BUSINESS OR
9	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 13b COUP Maryland	OTHER INSTITUTION	1. GIVE RESIDENCE BEFORE 113c CITY OR TOWN Baltimo	ν .	13d. INSIDE CITY LIMITS? YES NO []	13e. STREET ADDRESS 2831 Wind	lsor Ave	nue	
2		David	WIDDIE	Johns		15 MOTHER'S MAIDEN NAM FIRST Elizabeth	n Jame		LAST	
1		VAS DECEASED ÉVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIVI	MED FORCES? E WAR OR DATES)	218-30-5		David Johns	2831 Winds		ıe	
	ION	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost. PART 2. OTHER SIGNIFICANT (DUE TO, CO (b) DUE TO, CO (c) CONDITIONS C	SQUAMO PRAS A CONSEQUE PRAS A CONSEQUE CONTRIBUTING TO DE BRAIN	NCE OF	ELL CARCINOS			N PART 1(o)	
}	CERTIFICATION	190 DATE OF OPERATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING	RE FINDING	GS USED OF DEATH?
	MEDICAL CERT	71a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFF MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 22a. I certify that this hosp saw the deceased live an above (II)(we) (did1) did no 22b. SIGNATURE	P. 21e. PLACE (AT HOME, ST	.M. MONTH DA .M. OF INJURY REET, FACTORY, OFFICE, FA	1ANUA			YIN ITEM 18, PART I (OUNTY	STATE ho (1) we) lost ouses stoted
		22d. PHYSICIAN'S NAME (TYPE O	- 0			WIVERSITY	OF MARYLAN	ud Hosp	PITAL	
	(5	BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL UNERAL DIRECTOR NAME	23b. DATE 1/24/			EMETERY OR CREMATORY Memorial Par 250. DATE	23d. LOCATION CITY OR TOWN AT REC'D. BY REGISTRAR	coun	larvla	STATE and re

Wm. C. March F/H 1101 East North Avenue

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-00577 - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME LAST 20. DATE OF DEATH MONTH 2b HOUR (TYPE OR PRINT) JULTA AIKEW 9 P-M 4. RACE 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 1913 Female Necro 65 To. BIRTHPLACE ISTATE OF FOREIGN Th. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED - NEVER MARRIED of Baltimore N.C. W. 1.1) WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 176 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) BALTINORE. SIMAI HOLPITAL BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e. STATE 130. STREET ADDRESS N. Hillor Str. 13h COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? MD BALTIMORE YES X NO M. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE LAST John Julia ADDRESS 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Jewell Blackwell 3214 Dorothian Rd. 240-12-7768D APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY Hultiple Hyelone (Light claim DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., IMMEDIATE CAUSE (5 DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) CERTIFICATION 0 Ph. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 19n DATE OF OPERATION 20a AUTOPSY? p IN CERTIFYING CAUSES OF DEATH? be YES | NO YES [NO C tronsit 210 ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION STREET COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN STATE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from. sow the deceased alive op and that in (my) (our) apinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body after death. 22c. DATE SIGNED 22b. SIGNATURE DEGREE O FUNERAL D hould be detoc **ATTENDING** MEDICAL STAFF 111/29 PHYSICIAN DIRECTOR | PHYSICIAN MPORTANT: 22e. ADDRESS 22d PHYSICIAN'S NAME (TYPE OF PRINT) Hospital GOR SINGER N.D 230, BURIAL CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE Balto. Md. STATE COUNTY Burial 1-4-79 Cedar Hill Cem. BP 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DHMH - 16 50M 7/77 Vernon Bailey F.H. 1348 Calhoun St. (VR A 15 (4))

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STATE OF MARYLAND

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FOR - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-00579

- 1		REGISTRAN					REG. NO.				
1		CEASED NAME FIRST		MIDDLE	Ĺ	AST	20 DATE OF DEATH MONTH	DAY	YEAR	26 Hg	HR
1	(FONZO	S.		ALCARESE	1	5	79	6	AM
-	3. SEX		4 RACE	50.000.00	S. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHOAY)		DER I YEAR	# UNDE	R 24 HRS
-	IV	Tale	Whit	te	Aug		84	MONTH	DAYS	HOURS	MIN
	-	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8.		9. BALTIMORE CITY OR COU		EATH		
1		Ltaly	U.S.			NEVER MARRIED					
		TY OR TOWN OF DEATH			WIDOWE	D DIVORCED DIVORCED DIVORCED	BALTIMORE C		b. KIND C	E DI ISTA	MD.
Ø	10. (1)	TO OK TOWING DEATH		CH FACILITY, GIVE STREET		OTTER HASTIJOTION	(TYPE OF WORK FOR MOST OF WORKE		DUSTRY	יווכטם זי	ESS OR
		LTIMORE		MEMORIAL		PITAL	Shoemaker		Sho	es	
1	13a. 5		INTY	13c. CITY OR TOW		13d INSIDE CITY LIMITS?	13e STREET ADDRESS				
1	Ma	aryland 2	1218	Baltim		YES 🖄 NO 🗌	903 Gorsuch	Ave	nue		
à	14. FA	THER'S NAME	WIDDLE	1467		15. MOTHER'S MAIDEN NAM	ME MIDDLE				
0	An	ndrea	MIDOLE	Alcare	se	Maria	A.	Di	ven		
7		AS DECEASED EVER IN U.S. A		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRESS		218		
	No		VE WAR OR DATES)	217-14	-906	Daniela J	. Alcarese 9		ors	uch	Ave.
				<u> </u>	_	· Danie Cad o	· middlebe /	0) 0			
1		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	inly ane couse per ED BY:	line for (a), (b), and	19:11	idea Ol.	1		BETWEEN	ONSET AN	O DEATH
4	0.01		ATE CAUSE (0)	wound	4.40	sury peni	More				3000
1		XXA9	DUE TO, O	R AS A CONSEQUE	NCE OF	01					
1	7	Canditians, if any, which	((b) A		tell	skall.					
-1		gave rise to immediate couse (a), stating the	}		17 P. T. T.			-	-		
1		underlying couse lost		R AS A CONSEQUE	NCE OF			3.7			
1		DART O OTHER SIGNIFICANT	(c)	ON TRIBUTING TO F	SEATH BUT	ALOT BELLIED TO THE YEAR	INAL DISEASE OR CONDITION	CREALE	DADT 1		
	z	PART 2 OTHER SIGNIFICANT	CONDITIONS	ON KIBUTING TO L	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVENIN	PARI III	0	
	CERTIFICATION	190 DATE OF OPERATION	18h COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. 1	F YES, WEF	PE EINIDIA	JCS HS	D
)	5	1/= /3 C	170. COND	d. an	OFERAJO	NAS FERI CAMED	INCE	RTIFYING	CAUSES	OF DEA	TH?
and the	RT	1/3/27	190412	r oenn	ny f	eninhage	YES NO	YES		NO	
7		OR CONTRIBUTING CAUSE OF DE	216. TIME C		YEAR	ZIC HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM	18, PART 1 O	R PART 2)		
1	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	LAID /	M / 4	1 197	Ful das	une Stair				
П	i i	21d INJURY OCCURRED		OF INJURY		211 LOCATION STREET	CITY OR TOWN	C	YTAUC		STATE
2	8	WHILE AT WORK AT WORK		REET, FACTORY, OFFICE, F.	ARM, ETC.)	SINCE	CIT OK TOWN		,,,,,,		MAIL
2		220.1 certify that (1) (this has				. 19		19		that (1)	(we) last
6		saw the deceased plive a	n	19	, ar		death accurred on the date and				' '
-		above: (It true) (did) (did n	ot) view the bady	ofter death.		DEGREE		- 1	22c. DATE	SIGNED	
1		10/. /	>		-	ATTENDING	MEDICAL STAFF		1 /	-17	7
		and one					DIRECTOR PHYSICIAN	<u> </u>	1/3	//	
		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	/ -		22e ADDRESS					
		JORGE VO	ntoll	7		UNTON MEMOR	RIAL HOSPITAL				
	23e. B	SURIAL, CREMATION, REMOVA	L 23b. DATE	23c. N	NAME OF C	EMETERY OR CREMATORY	236 LOCATION				****
	(S	Burial	Jan. 8	3 170 Du	lane	v Vallev	Baltimore	CO.	TY AT	S	TATE
	_	JNERAL DIRECTOR	yai.	1, (7 Du	Lane		E REC'D. BY REGISTRAR 256. RE	- T 1	SIGNAT	URE	
		NAME	,	ADDRESS	1 12		N O tobe	1	,		
	WI	illiam E. Jo	hnson	8521 Loc	n Ka	ven Blv AA	11 9 19/9 1	trata	1/10	Car	4

DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR:

should be detached for use as the burial-transit permit. Then please remaye carbanpape with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar remayal

IMPORTANT: If Hem 21 is marked or Item 18 shaws any

injury, or other troumatic

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	Page 1. Language 2 action 1 ages
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ego III. Pro majo	ALL LANGE BURGER BURGERS BURGER BURGER BURGER BURGER BURGER BU
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	paoresia de la companya della companya de la companya de la companya della compan
	A TERRETARIN NOON ALL STOLL CONTROLL IN
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MIDDLE 2n DATE OF DEATH 26 HOUR (TYPE OR PRINT) JUDSON MOND & AGE (IN YEARS LAST BIRTHDAY) 3 SEX 4 RACE DATE OF BIRTH IF UNDER 1 YEAR MONTH YEAR. 08 5 7g. BIRTHPLACE ISTATE OF FOREIGN 75 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED Baltimore City USA Virginia WIDOWED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY North Charles General Hospital Retired Baltimore BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 3647 Keswick Rd. Maryland Baltimore YES X 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE FIRST MIDDLE Almond Unknown Edward Balbo. Md. 21207 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mrs. Margaret Guinn 5321 Hutton Ave. WW II 218-10-0518 Yes 18 CAUSE OF DEATH (Enter only one couse per line for ioi, (b), and ic. PART I. DEATH WAS CAUSED BY areino mates IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF and Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last DIVISION OF VITAL RECORDS, 201 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED p IN CERTIFYING CAUSES OF DEATH? NO YES T shov ntal Hygie 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIE EITHER NOTIFY MEDICAL EXAMINER P.M 211. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY marked ar CITY OF TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE WHILE 1-24 22a. I certify that (1) (this hospita) attended the deceased fram saw the deceased live an above (I) we did did not) view the body after death and that in (my (our) apinian death occurred an the date and haur and fram the causes stated 22b. SIGNATUR DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF TO FUNERAL E should be detail with the State D DIRECTOR PHYSICIAN PHYSICIAN | MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT 22e ADDRESS 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE STATE Cedar Hill Cemetery Baltimore, Md. Burial JAN 2 5 1979 FIRE TRANS SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 A. Alan Seitz Funeral Home 3818 Roland Ave. (VR A 15 (4))

STATE OF MARYLAND

79-00582

requires that the

OR ATTENDING PHYSICIAN: The low

etoined by the hospital or attending physician.

FOR - STATE

poge 3

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filled within 72 hours bit the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

moy be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-00583

1 DE	REGISTRAR				REG. 1	NO.	
	CEASED NAME FIRST	MIDDLE	LAST	strum	20 DATE OF DEATH	MONTH DAY YEA	R 25 HOUR
	Rose	D.	171	341 00.001		1-29-7	
3 SE	х	4 RACE	S. DATE OF		6. AGE (IN YEARS LAST BI		_
	Funale	whits	MONTH / O	DAY YEAR	2	YRS. MONTHS D	AYS HOURS /
o. 81	7 20-00-0	76. CITIZEN OF WHAT COUNTRY	Y? 8		9 BALTIMORE CITY	OR COUNTY OF DEAT	Н
C	OUNTRUT	ILSD	4.0	NEVER MARRIED		CITY	
10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL NURS	WIDOWED			TION 12h KIN	BOSINES
(Dista	(IF NOT IN SUCH FACILITY, GIVE STRE		1 + 1	TOPE OF WORK FOR MOST		TRY
14611	DKHID 1	KUTHERON HOSP	121 4	ma	MHO /	ELINE	IW.
	AL RESIDENCE (IF NURSING HOME OR			34 INSIDE CITY LIMIT	S? 134. STREET ADDRESS	Minto	D
	MD	7.17 HINNH	CACO	YES NO	17081	119112	DK
14 FA	ATHER'SINAME	AIDDLE D LAST	13	S. MOTHER'S MAIDEN	NAME	0	1 KAI
	HARRY	DOYLE		DELL	gett	L.V	AN
16a V	WAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SE	CURITY NO.	7. INFORMANT	A901	RESS	
1	NO -	WAN ON DAILES?		JOSE DH	T. Dovle	#1	3
	18 CAUSE OF DEATH (Enter onl	y one couse per line for (a). (b)	and tell			API RETW	ROXIMATE INTERVA
	PART I. DE ATH WAS CAUSED	S BY:	Plan	0			
	IMMEDIAT	E CAUSE (o)	CVA	,			
	386-	DUE TO, OR AS A CONSEC	DUENCE OF	010			
	Conditions, if ony, which	(lb)	Ren	al Jaile	re Anem	ia l	
	gove rise to immediate)		1)		Transfer of	
	couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEC	JUENCE OF				
100		(c)					
z	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	O DEATH BUT N	OT RELATED TO THE	TERMINAL DISEASE OR CO	NDITION GIVEN IN PAR	11(0)
TIO					TO ALITOPSY2	20b. IF YES, WERE FI	NOW ICC HISEO
CA	190 DATE OF OPERATION	196. CONDITION FOR WHIC	TH OPERATION	WAS PERFORMED	20a AUTOPSY?	, IN CERTIFYING CAL	
LL.							
=					YES NO	YES	NO 🗌
CERTI	210. ACCIDENT WAS UNDERLYING			ZIC HOW INJURY OC	YES NO NO CURRED (ENTER NATURE OF IN		NO 🗆
A CERTIFICATION	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OC			NO 🗆
	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH P.M.	DAY YEAR				NO 🗆
	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	TH HOUR A.M. MONTH	DAY YEAR	21t. HOW INJURY OC		NURY IN ITEM 18, PART 1 OR PAR	NO []
MEDICAL CERTI	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	P.M. 21e PLACE OF INJURY	DAY YEAR	211 LOCATION	CURRED (ENTER NATURE OF IN	NURY IN ITEM 18, PART 1 OR PAR	NO []
	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	TH HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE)	DAY YEAR 19 19 19, FARM, ETC.}	211 LOCATION	CURRED (ENTER NATURE OF IN	NURY IN ITEM 18, PART 1 OR PAR	NO T2)
	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this hospit sow the deceased alive on	HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE) (a) ottended the deceased from	DAY YEAR 19 EE, FARM, ETC.)	211 LOCATION STREET	CURRED (ENTER NATURE OF IN	OWN COUNTY	NO
	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE AT WORK NOT WHILE 220.1 certify that (1) (this hospit sow the deceased alive on obove, (1) (we) (thid) (did not obove, (1) (we)	HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE) (a) ottended the deceased from	DAY YEAR 19 12, FARM, ETC.) 10 11 11 11 11 11 11 11 11 11 11 11 11	211 LOCATION STREET . 19	CURRED (ENTER NATURE OF IN	OWN COUNTY 9 , 19 7 9 dote and hour and from	NO
	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this hospit sow the deceased alive on	HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE) (a) ottended the deceased from	DAY YEAR 19 12, FARM, ETC.) 10 11 11 11 11 11 11 11 11 11 11 11 11	211 LOCATION STREET 19 that in (my) (our) opi	CURRED (ENTER NATURE OF IN	OWN COUNTY 9 , 19 7 9 dote and hour and from	NO T2)
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	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE AT WORK AT WORK 220.1 certify that (I) (this hospit sow the deceased alive an obove, (I) (we) (find) (did not 22b. SIGNATURE	HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE 101) oftended the deceosed from 128, 1/29, 1/29 1) view the body ofter death. avalua Land	DAY YEAR 19 12E, FARM, ETC.) 19 10 10 10 10 10 10 10 10 10 10 10 10 10	211 LOCATION STREET 19 that in (my) (our) opi	CURRED (ENTER NATURE OF IN	OWN COUNTY 9 , 19 79 dote and hour and from 221. C	NO
	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hospit sow the deceased alive on obove, 1) (we) (fird) (did not 22b). SIGNATURE	HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE 101) ottended the deceased from 192) view the body ofter death. 22 PRINT)	DAY YEAR 19 12E, FARM, ETC.) 19 10 10 10 10 10 10 10 10 10 10 10 10 10	211 LOCATION STREET 19 1 that in (my) (our) opi EGREE ATTENDIN PHYSICIA 21e, ADDRESS	CURRED (ENTER NATURE OF IN CITY OR TO nion death occurred on the NG MEDICAL ST NN DIRECTOR PHYS	OWN COUNTY 9 , 19 79 dote and hour and from 221. C	NO
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MEDICAL	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE AT WORK AT WORK 220.1 certify that (I) (this hospit sow the deceased alive on above, (I) (we) (find) (did not 22b. SIGNATURE, 27d. PHYSICIAN'S NAME (TYPE OF RAHLE B DAY	HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE (AT HOME, STREET, FACTORY, OFFIC	DAY YEAR 19 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	211 LOCATION STREET 19 1 that in (my) (our) opi EGREE ATTENDIN PHYSICIA 22e. ADDRESS AUTHOR METERY OR CREMATO	CURRED (ENTER NATURE OF IN CITY OR TO PART OF THE CONTROL OF THE	OWN COUNTY 9 19 79 dote and hour and from AFF ICIAN 226. C	STATE SIGNED

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

1		11-	FOR STATE REGISTRAR		M		MENT OF		AND M	ENTAL H			79	1-0	0584	
		I. DE	CEASED NAMI		y Lee	MIDDLE			AST			2a. DATE OF	KNOWN X ESTI- MATED	_	DAY YEAR L 8 ₁₉ 79	2b HOUR
	ESSARY, PLEASERAL DIRECTO DR YOUR FILE THIN 72 HOU RESTON STREE	3. SEX	male	4. RACE black	5. DATE OF BIRT	YEAR	6. AGE (IN YE.	AY) MONTHS	DER 1 YR.	IF UNDER	R 24 HRS. MIN.	2c. DATE PRONOUN DEAD	VCED	MONTH	0AY YEAR 1 8 19 79	2d 110 15R
D	S S S S	Ta. BI	RTHPLACE (STREIGN COUNTRY)	in NC	CITIZEN OF	WHAT COUN		8		VER MARR		9. BALTIN	ORE CITY O	COUN'	TY OF DEATH	MD
	PAGE FILED	1		MULE	II. NAME OF HO	FACILITY GIVES	STREET AODRESS	1 Au		TION	12a. USU	NOST OF WOR	PATION (TYP KING LIFE)		12b. KIND OF BU OR INDUST	RY
21201	AND 3 AND 3 PECORE	13a. S	みり	IF IN NURSING HOME OR		1124aCITV	OR TOWN	1	YES YES	ITY LIMITS?	130 STR	EET ADDRE	ssirk	AND	ANE	
	DEATH.	0	FIRST	VERE	WIDDLE		LAST		16%	ER'S MAID		19	IDE		LAST	
ALTIMO	URS AFTER B. GIVE PAI WITH FOR PAGES 1 DIVISION (16a. V	5, NO, OR UNKNO		AR OR DATES)		CIAL SECURITY	YNO.	DEBI		NOBR	esen		4 K	TIANS	DATE
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD	D WITHIN 24 HOUR FENCIL IN ITEM 18. AMINER ALONG W -TRANSIT PERMIT. ENTAL HYGIENE, DI REMOVAL.		40 Condition	ns, if ony, which	BY: CAUSE (o) HY DUE TO, C	perter			rteri	iosc1	eroti	c car	disea dio-v		APPROXIMAT BETWEEN ONSE	E INTERVAL T AND DEATH
DS, 301 W. P	A X A X		cause (a) lying cou	se to immediate stating the under- se lost.	(c)		NSEQUENCE O		OR CONDITIO	N GIVEN IN P	ART 1 (a).					
ITAL RECOR	HOULD BE RD "PENDII CHIEF MED CHIEF MED USED AS OF HEALTH	MEDICAL CERTIFICATION	190. DATE OF				WHICH OPER								20 AUTOPSY	? N X [Z]
ION OF V	CERTIFICATE SHC FING THE WORD FED TO THE CH 3 SHOULD BE U DEPARTMENT OF PRIOR TO BURIAL.	ICAL CER	UNDERLYING CONTRIBUTION	L CAUSE WAS OR OG CAUSE OF DE	HOUR A	M.	DAY YEAR			OCCURR	ED (ENTERN	NATURE OF IN	TURY IN ITEM 18	PART I OR PA	ART 2)	
DIVIS	R: THIS CERTIING DRWARDED T PAGE 3 SH STATE DEPA	MED	21d INJURY C	NOT WHILE AT WORK		CTORY, FARM, E		21f. LOC STF	REET			CITY OR TO	wn	со	DUNTY	STATE
B	XAMINES CERTIFICAL LID BE FO DIRECTOR WITH THE ARYLAND,		deoth resulte	y that I took charge ed from: Natura	of the remains d	Accident		Autopsy	Homic TITLE (S			Inquiry ermined me		nd in my op	1/9/	70
			EXAMINER'S	NAME Vire	inia L.	Dolar	n, M.D.	M.C	DDRESS_		MED	St.	Balt	SIGNE	ED	73
	BP———	1	URIAL, CREMA	TION, REMOVAL 23	1/1/7	9 1	NAME OF CEA	AETERY OR		ORY	23d. LO	CATION	Bur	N cou	W. Cin	TATE
	DHMH - 17 (VR A15 ME (5)) 30M 7/73	21.5	NAME AND A	TOR are & Ha	y light	ss), 9.	linn	34		JAN	REC'D. BY	REGISTRA 1979	R 25h G	STRAR'S S	GNATURE	

requires that the death ceruficate

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

DHMH - 16 60M 1/75 (VRA 15 (4))

Page 4 may be

within 24 hours ofter

STATE OF MARYLAND

10	1.	FOR STATE REGISTRAR			EALTH AND MENTAL HYG	TENE 7 9	7 9 - 0 0 5 8 6			
		CEASED NAME FIRST	mphrey	A	denson	20. DATE OF DEATH MO	1 4 79 11			
	3 SE	MALE	BCACE	5 DATE O		6 AGE (IN YEARS LAST BIRTHD.	MONTHS DAYS HOURS A			
ed or see	10 C	IRTHPLACE ISTATE OR FOREIGN PUNTRY TO TO MO ITY OR TOWN OF DEATH	U.S.A	MARRIE WIDOWE		BALTIMORE CITY OR	MORE CITY			
be doutin	JESU.	ACTIMILE AL RESIDENCE (IF NURSING HOME O	OR OTHER INSTITUTION GIVE RESID	CHEZS,	A TOPL	CDN STRUC	ORKING LIFE) INDUSTRY			
must must	n.	TALY LAND 136 COL	FA.	OR TOWN	13d, INSIDE CITY LIMITS? YES ON O		CHOISONTE			
dicol exom		NORMAN WAS DECEASED EVER IN U.S. A		LIAST SON	POSIE 17 INFORMANT	ADDRESS	ANDERSO			
the med	- ('	YES, NO OR UNKNOWN) (IF YES, GI	ve war or Dates) 2/4	12-68-2	MARY FO	SKEY 300	26 CHECCH APPROXIMATE INTERVA BETWEEN ONSET AND DE			
njury, ar other trou	NO	Conditions, if ony, which gove rise to immediate couse iol, stating the underlying couse lost PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A C		NOT RELATED TO THE TERM	INAL DISEASE OR CONDIT	TON GIVEN IN PART 310			
9 gans on	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED		Ob. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH' YES NO			
Item 18 sh		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	P.M.	NTH DAY YEAR 19	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY E	NITEM 18 PART 1 OR PART 2)			
orked or	MEDICAL	216. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJUI (AT HOME, STREET, FACTO	RY RY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STAT			
: If Item 21 is m		220.1 certify that (IP (this hosp saw the deceased alive a above, (I) (we) (did) (add) 22b. SIGNATURE	n view the body ofter dec	19 <u>79</u> . or	nd that in (my) (our) opinion of the physician of the phy	death occurred on the date MEDICAL STAFF DIRECTOR PHYSICIA	ond hour and from the couses state 272. DATE SIGNED			
IMPORTANT: IF		224. PHYSICIAN'S NAME (TYPE			Provide	ent ffe	SPITAL			
\$	(BURIAL, CREMATION, REMOVA SPECIFY SURIAL	1-9-79	23c NAME OF C	MEDI PHIL	23d LOCATION CITY OR TOWN F REC'D BY REGISTRAPIZE	CLSTOWN ME			
75	11	UNERAL DIRECTOR	FT 4681	DDRESS 21B, H	15. AV 250. DAT	N 5 1979	Listony Malrody			

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

STATE OF MARYLAND

00507

X	1 -	STATE REGISTRAR		DEPARIM		ICATE OF DEATH		9 - U 1	0301	
V		CEASED NAME FIRST I	da A	dersor		Anderson	20. DATE OF DE		2 79	26. HOUR / 0:20 M
	3 SEX	Female	1 RACE	White	5. DATE C		6. AGE (IN YEARS		MONTHS DAYS	
			76 CITIZEN OF V	VHAT COUNTRY?	8.	D NEVER MARRIED		CITY OR COU	NTY OF DEATH	
5	Ma	ryland		S.A.	WIDOWE	DIVORCED [more (MD.
1		TY OR TOWN OF DEATH	(IF NOT IN SUCH	FACILITY, GIVE STREET A	ADDRESS)	OSPITALS	12a. USUAL OCI (TYPE OF WORK FO	R MOST OF WORKIN	G LIFE] 12h. KIND INDUSTR'	OF BUSINESS OR
35	13 ₀ S Ma		OTHER INSTITUTION,	GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY LIMITS? YES ☐ NO ☑	13e. STREET ADI	7.25	Street	
	14 FA	THER'S NAME FIRST A	NODLE	LAST	11.33	15. MOTHER'S MAIDEN NAM	ME	IDDLE		AST
30		hn		Doelle		Katherine	e	ADDRESS 7		nhelder
2			WAR OR DATES)	213-54-		Theresa Dr	uery	/ (012 Gou	igh St.
	TION	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT C	(c) ONDITIONS <u>CO</u>		DEATH BUT		INAL DISEASE O		GIVEN IN PART I	
1	CERTIFICATION				OPERATIO	N WAS PERFORMED	YES N	○□ IN CEI	RTIFYING CAUSE YES [S OF DEATH?
7	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.A	A. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATUR	OF INJURY IN ITEM	1B, PART 1 OR PART 2)	
	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE C (AT HOME, STRE	OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC.)	21f LOCATION STREET	Cil	Y OR TOWN	COUNTY	STATE
F		220. I certify that (I) (this hospit saw the deceased alive an above, (I) (we) (did) (did not	112	192		nd that in (my) (our) apinion	å, to death occurred o	n the date and		
		226. SIGNATURE Sadore	a. J	ieldman	, 1	DEGREE M . D . ATTENDING PHYSICIAN [MEDICAL DIRECTOR	STAFF PHYSICIAN	22c. DA	2/78
1		22d PHYSICIAN'S NAME (TYPE OR I Sadore	1	eld man,	M.D.	22e. ADDRESS		100		
	(:	Burial Burial Burial	23b. DATE 1/6/	79 St		tthews Cem.	23d LOCATIO CITY OF TO Balts	more	-	yland
		NERAL DIRECTOR Duda- 7922 Wise Ave		Inc _{ADDRESS} undalk,	MD	21222 IAN	REC'D. BY REG	STRAR 256 PE	Far's KN	TURE



BP. DHMH - 16 50M 7/77 (VR A 15 (4))

	-				SIAII	OF MARYLA	NU				
	1-	FOR STATE REGISTRAR		DEPART				1	, , ,	588	
		CEASED NAME PRINTS	/)V	DDLE	AN	dess	DN	20 DATE OF DEATH	MONTH D	79	26 HOUR S
	3. SEX		4 RACE				YEAR	6. AGE (IN YEARS LAST BI			IF UNDER 24 HRS
		Male	Black		1		04	74	YRS.	DAI3	MUST MILE
3		RTHPLACE (STATE OR FOREIGN	U.S.A.	HAT COUNTRY?	MARRIE						MD.
30		altimore			ADDRESS)	ROTHER INST	dicte.	(TYPE OF WORK FOR MOST	OF WORKING LIFE	INDUSTRY	BUSINESS OR
25	130 5		OTHER INSTITUTION, GI	3c., CITY, OR TOW	RE ADMISSION)	134 INSIDE CI YES 🗌	TY LIMITS?		Box	1	
40	14 FA	John	MIDDLE	ersan		AAF	IRST	WIDOLE	AN	de RSO	
6		VAS DECEASED EVER IN U.S. AR	WAR OR DATES)								
+		No		222-10	-6929	A Mr.	Thoma	s Anders	on 319	Monre	oe St.
	NC	PART I. DEATH WAS CAUSE IMMEDIAT J 5 9 Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	D BY: TE CAUSE (0) DUE TO, OR (b) DUE TO, OR (c)	espira as a consequi culmo as a consequi arcin	ENCE OF ENCE OF ENCE OF OMA	y ede	rest ma soph	agus naidisease or coi	NDITION GIVE		
47	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITI	ON FOR WHICH	OPERATION	N WAS PERFOR	RMED	20a AUTOPSY?	20b. IF YES,	WERE FINDING	GS USED
2	TIFIC							YES TO NOTO			OF DEATH?
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M.		AY YEAR	21c HOW IN	URY OCCURR				
	MEDICAL	2)d. INJURY OCCURRED WHILE ONT WHILE OF AT WORK	21e PLACE OF (AT HOME, STREET		FARM, ETC.)	211. LOCATIO STREET	N	CITY OR TO	ими	COUNTY	STATE
	8	224 Certify that (1) this haspi sow the deceased alive an above (1) (we) (did) (did no	JAN.	2 107	40		., 19.78 Our Dopinion of	, , ,			
		226. SIGNATURE	E. W.	ielia		mor	HYSICIAN _	MEDICAL STA	AFF ICIAN X	1/2/	179
1		22d. PHYSICIAN'S NAME (TYPE O		THANK							- 1-11
1		Joanne E.		S. DATE OF BIRTH ACCOUNTRY S. DATE OF BIRTH ACCOUNTRY S. DATE OF BIRTH T. D. O. O. O. D. D. D. O. D.							
	(3	urial, Cremation, Removal Burial	1-6-79		t. A	emetery or c 1burn		Baltum			
		ames A. Mort	on & 50	ne ADDRESS O	1 I.a.	irene	St. JA	REC'D. BY REGISTRA	25b. RESISTR	AR'S SIGNATU	JRE
			+ a nó		T THE	- L CIIO	-440.11	13/3	1	1	- Annual

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Maria La		o +	
		แตลแลวก/	John
on of ole mosmos	ממני זיין. די מיומפ אמי	222-10-6	

Johnne E. Ellians, E.D. 611 E. Charles Street

Burist 1-6-79 Mt. Auburn Feltimore, Naryland James A. Morton & Sone 1701 Laurens St.

Items #2a,16b,22c Film G527 1/17/79STATE OF MARYLAND

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 2a. DATE OF DEATH DECEASED NAME MARY NUNCTATA APPEL 2h HOUR (TYPE OR PRINT) Mar A AGE (IN YEARS LAST BIRTHDAY) 3. SEX 5. DATE OF BIRTH IF UNDER I YEAR IF LINDER 24 MPS MONTH YEAR HOURS 79 MAR. 24.1899 Ja BIRTHPLACE ISTATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED BALTIMORE .MD. U.S.A. BALTIMORE CITY WIDOWED | DIVORCED [I CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS' INDUSTRY BALTIMORE .MD. BALTIMORE CITY HOSPITALS RETTRED HOUSE WORK DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 3711 FAIT AVE. # 21224. 13h COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? MD. BALTIMORE YES TX 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME STABILE LAST LUIGI MARIA DEMARCO 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT FAIT AVE. (YES, NO OR UNKNOWN) FREDERICK W. APPEL , BALTO., 21224. MD. 220-34-5095 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DE ATH WAS CAUSED BY IMMEDIATE CAUSE (o Adenocarcinoma 6 mos. Metastatic Conditions, if ony, which gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF NO F Mental Hygie 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 214 INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 2/27 220.1 certify that () this hospital) attended the deceased from and that in (aur) apinion deoth occurred on the date and hour and from the causes stated saw the deceased alive an. obove, (1) (we) (did) (did not) view the body ofter death DEGREE MEDICAL ATTENDING FUNERAL I DIRECTOR PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Fishman 23g. BURIAL CREMATION REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFENTOMBMENT STATE ITY OR TOWN COUNTY WOODLAWN, 1-5-79 BP. LORRAINE MAUSOLEUM BA2CO. MD. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24, FUNERAL DIRECTOR 901 S. CONKLING ST. DHMH - 16 50M 7/77 (VR A 15 (4)) BALTO. 21224.MD.

(MAT MUNDAYA APPEN	79-00590				
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			2001-11-025 -	to have these which go by terms on the disket direct	06.
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				MA I	1,157
			7		

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 26 HOUR JANUARY 25, 1979 2:00A IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS. BALTIMORE CITY OR COUNTY OF DEATH 176 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T

COUNTY

224 DATE SIGNED

CHURCH HOSPITAL CORPORATION N. BROADWAY, BALTIMORE

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

STATE

DHMH - 16 50M 7/77 (VR A 15 (4))

FOR

- STATE

REGISTRAR

79-00591 13015728970 - 2014319 AND THE RESIDENCE OF THE PARTY OF THE PARTY

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH DAY 2b. HOUR (TYPE OR PRINT) ARNOLD TARY 13-7 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS HOURS BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED ALTIMORE BRYLAND DIVORCED [WIDOWED IN CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR F NOT IN SUCH FACILITY, GIVE STREET ADDRESS! ILKE OMEMAKER Home ASUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS WILKE AVE. ALTO NOF 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST NKNOWL 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT I (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) arrold - 4101 Welks APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for PART I DEATH WAS CAUSED BY - IMMEDIATE CAUSE (a ave rise immediate stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PARTA OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) DIVISION OF VITAL RECORDS, a prior 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED Ca IN CERTIFYING CAUSES OF DEATH? NO X YES [NO [21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 71d INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY NOT WHILE STATE WHILE AT WORK 22a I certify that (1) (the hespital) attended the deceased from 10 saw the deceased alive an. and that in (my) (aux) apinion death accurred an the date and have and from the causes stated abave. (1) (we dot) (did not) view the body after death 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDIC AL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS the the 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY STATE RKWOOD -16-BALTO. SURIAL 250. DATE REC'D. BY REGISTRAR 256. REDISTRAR'S S. 24 FUNERALDIRECTOR DHMH - 16 60M 7/73 (VR A 15 (4))

BP. DHMH - 16 60M 7/73

(VR A 15 (4))

MPORTANT: If Hem 21 is marked or Hem 18 shaws ony injury, or ather traumatic event, the medical examiner must behavified by once.

тоу ре

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	- STATE REGISTRAR		CERT	IFICATE OF DEATH	REG. NO.	-00233					
	CEASED NAME FIRST		MIDDLE	LAST	2a. DATE OF DEATH MO	NTH DAY YEAR	2b. HOUR				
6	ARIEL	S.	ARRINGTON		JANUARY 1	9, 1979	6:00pmm				
3. 5E	x Male	1 RACE Negi	MO	OF BIRTH OAY 1978	6 AGE (IN YEARS LAST BIRTHDA	YRS. 5	IF UNDER 24 HRS. HOURS MIN				
	IRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland		S. A. WIDON	NED NEVER MARRIED A	9 BALTIMORE CITY <u>OR</u> C Baltimo	2	MD.				
	Baltimore	(IF NOT IN SUC	HOSPITAL, NURSING HOMI TH FACILITY, GIVE STREET ADDRESS) BALTIMORE CIT	Y HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO		OF BUSINESS OR				
13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COUP MARYLAND		GIVE RESIDENCE BEFORE ADMISSION 13E. CITY OR TOWN BALTIMORE	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 2307 East N	North Avenu	e				
14. FA	ATHER'S NAME FIRST Stewart	MIDDLE	ington	15. MOTHER'S MAIDEN NA FIRST Henriett	MIDDLE	Jenkin					
	WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN} (IF YES, GIV	MED FORCES? E WAR OR DATES)	16b. SOCIAL SECURITY NO	Henrietta J	ADDRESS enkins 2307 E	East North	Avenue				
CERTIFICATION	couse (a), stoting the underlying couse last. PART 2. OTHER SIGNIFICANT ((c) CONDITIONS <u>CC</u>	R AS A CONSEQUENCE OF DITTRIBUTING TO DEATH BI		20s AUTOPSY? 20	ION GIVEN IN PART 1 (Ob. IF YES, WERE FINDII N CERTIFYING CAUSES	NGS USED				
CERTIF	21a. ACCIDENT WAS UNDERLYING	21b. TIME O	FINJURY M. MONTH DAY YEA		YES NO	YES 🗌	NO 🗆				
MEDICAL	OR CONTRIBUTING CAUSE OF DEA	P.									
ED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE ((AT HOME, STR	OF INJURY IEET, FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE				
\$	27a. I certify that (I) (this hospital) attended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19										
W	22a.t certify that (I) (this hospi saw the deceased alive on above, (I) (we) (did) (did no	John 1	9 19 79	and that in (my) (Dur) opinion		ond hour and from the	couses stated				
W	22a. L certify that (I) (this hospi saw the deceased alive on obove, (I) (we) (did) (did no 22b. SIGNATURE	Jak It) view the body	9 19 79 ofter death.	ond that in (my) (Dur) opinion DEGREE M. D. ATTENDING PHYSICIAN		ond hour ond from the	couses stated				
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23a. E	22a. t certify that (1) (this hosping saw the deceased alive on obove, (1) (we) (did) (did not 22b. SIGNATURE 22d. PHYSICIAN'S NAME (The control of the con	TOWN	ofter death. 19 79.	DEGREE M. D. ATTENDING PHYSICIAN DESCRIPTION OF PHYSICIAN DESCRIPTION OF CREMATORY CEMETERY OF CREMATORY LVARY CEMETERY LVARY CEMETERY	MEDICAL STAFF DIRECTOR PHYSICIAN TIMORE.	ond hour ond from the	SIGNED O/79 STATE				

DECEASED NAME MIDDLE LAST 20 DATE OF DEATH MONTH DAY Dr. Elmer CYRIL ASHBY JANUARY 14 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) Male Black 37 58 70. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED Guvana S.A. USA DIVORCED WIDOWED BALTIMORE CITY 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore Dentist THE JOHNS HOPKINS HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 1130. CITY OR TOWN 13a STATE 13. STREET ADDRESS 1113 W. 13d. INSIDE CITY LIMITS? P Md. Baltimore YES F NO T 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIGDLE Gustavus Ashby Rebecca DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16h SOCIAL SECURITY NO 17 INFORMANT IYES, NO OR UNKNOWN) I I F YES, GIVE WAR OR GATES) Mrs. Winifred 579-42-1655 P. Ashby-18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a AS A CONSEQUENCE OF ardiac Canditians, if any, which gave rise to immediate cause (a), stating the OR AS A CONSEQUENCE OF underlying cause last etastatic adenocarcinoma plea PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? p IN CERTIFYING CAUSES OF DEATH? tental Hygiene p Presumed Mesot NO burial-transit ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 21 HOUR A.M. MONTH s the burial-tre DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIFEITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION ă CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) orked NOT WHILE (1) This hospital) attended the deceased from 220.1 certify the DIRECTOR: aw the dereased alive an above (I) (we) did) (did not view the bady after death 22b. SIGNATURE DEGREE should be detorwith the State D ATTENDING MEDICAL STAFF MD DIRECTOR PHYSICIAN PHYSICIAN | 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS Johns Ner Coca HORINS 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23d. LOCATION 23b. DATE ISPERBURIAL Baltimore 1 - 20 - 79Arbutus Mem. Park BP. 24. FUNERAL DIRECTOR

Herbert E. Nutter 3035 W. North Ave.

FOR

REGISTRAR

1 - STATE

DHMH - 16 50M 7/77

(VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

1979

IF UNGER I YEAR

INDUSTRY

Lanvale Street

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22c. DATE SIGNED

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APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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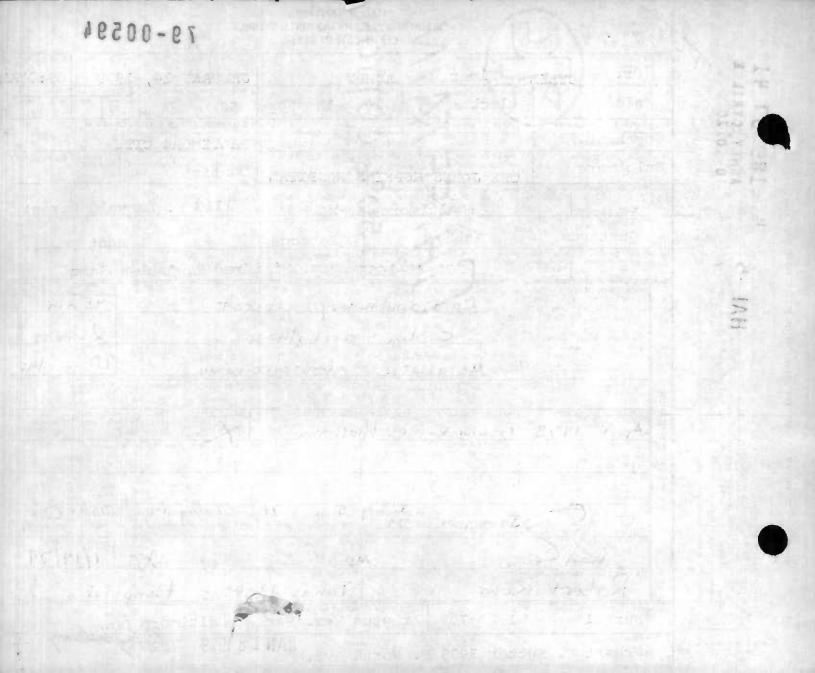
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	1.	FOR STATE REGISTRAR		OF HEALTH AND MENTAL HYD RTIFICATE OF DEATH	7 9 - 0	0595
4 may be for, page 3 ptter death		CEASED NAME FIRST OR PRINT)		ATE OF BIRTH AONTH DAY YEAR	20 DATE OF DEATH MON	10-79 5 AM
er deur Page with 72 hours	7d. BI	RTHPLACE (STATE OR FOREIGN 76 (NAME OF HOSPITAL, NURSING HO	RRIED NEVER MARRIED OWE DIVORCED ME OR OTHER INSTITUTION	12a. USUAL OCCUPATION	MD. 12b. KIND OF BUSINESS OR
LAND 21201 iin 24 hours oft should be filled in by th should be filled v	13a. S	AL RESIDENCE (IF NURSING HOME OR OTH TATE 13b COUNTY THER'S NAME	(IF NOT IN SUCH FACILITY, ONE SUPERT ADDRESS BY HOLD A BE INSTITUTION, GIVE RESIDENCE BEFORE ADMISS 134 CITY OR TOWN BALLINGER	AVE SION) 13d INSIDE CITY LIMITS?	130 STREET ADDRESS //	pring life) INDUSTRY
iMORE, MARY oe executed with in and completel . Pages 1 and 2 medicol examin	Ióa V	PERST NAME AND PROPERTY OF THE	FORCES 166 SOCIAL SECURITY N	15. MOTHER'S MAIDEN NA MENTES 10. 17 INFORMANT A GENES	MIDDLE ADDRESS	KESS LAND
W. PRESTON ST., BALI not the death certificate I by the attending physicis se remove carbon papers i, cremotion, or removal.		18 CAUSE OF DEATH lEnter only of PART I. DEATH WAS CAUSED BY IMMEDIATE C Conditions, if ony, which gove rise to immediate cause lot storing the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE C	y Oselusion	faretion	APPROXIMATE INTERVAL BETWEEN ONSE AND DEATH L MINECLES C
201 es the	NOIL	PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION	
VITAL RECOR	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPER/		YES NO	b. IF YES, WERE FINDINGS USED I CERTIFYING CAUSES OF DEATH? YES \(\text{ NO } \text{ \text{ NO } \text{ \text{ \text{ NO } } \text{ \text{ \text{ NO } } \text{ \text{ \text{ NO } } \text{ \text{ \text{ \text{ NO } } \text{ \text{ \text{ NO } } \text{ \text{ \text{ NO } } \text{ \text{ \text{ \text{ NO } } \text{ \text{ \text{ \text{ NO } } \text{ \text{ \text{ \text{ NO } } \text{ \text{ \text{ \text{ \text{ NO } } \text{ \t
ON OF HYSICIA ding pl is certif burial-i Mental	MEDICAL CE	21a, ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE ☐ NOT WHILE ☐	21b. TIME OF INJURY HOUR A.M. MONTH DAY YI P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC	19 21f. LOCATION	RED (ENTER NATURE OF INJURY IN	ITEM 18, PART 1 OR PART 2) COUNTY STATE
OR ATTENDI or hospital or DIRECTOR: A sched for use Dept. of Heal		22a.1 certify that (I) (this haspital) saw the deceased alive on obove, (I) (wa) (did not via 22b. SIGNATURE	10-24 1978	, and that in (my) (our) opinion DEGREE ATTENDING	deoth occurred on the dote of	nd hour and from the couses stated 22c. DATE SIGNED
TO HOSPITAL (stepling by the TO FUNERAL (should be deto with the Store (IMPORTANT) if	22- 6		nen M.D.	120 ADDRESS 1501 Eutaw	Place Bull	
DHMH - 16 60M 1/75 (VR A 15 (4))	1	URIAL, CREMATION, REMOVAL 2. PSCIFY) NET CONTROL OF THE CONTROL O	1-13-79 Mago	Thy U.M. CEM. 1250 DAT 1 ST. JA	A1 1 0	RECISTRAR'S SIGNATURE

STATE OF MAKILAND

79-00595 The second of th - and some to de - Kill the Combine ST 188 I all The follows death. Page 4 may be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-00596

	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1. 0	DECEASED NAME FIRST YPE OR PRINT)	WIDDLE	LAST	20. DATE OF DEATH MO	ONTH DAY YEAR 26 HOUR
1	ALBERT	MATTHEWS	ATKINSON	J	1 18 7 2:55 R
3. 5	SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDA	
	Male	White	10/20/16 YEAR	62	MONTHS DAYS HOURS MIN
7a.	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH
	MARYLAND	USA	WIDOWED DIVORCED	BALTIMORE	CITY MD.
10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION	
	BALTIMORE	ST AGNES HO	SPITAL	RET/SALES	
US	SUAL RESIDENCE (IF NURSING HOME OF BUILDING HOME OF BUILD	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE	E ADMISSION) (N 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	
3	MD BALD	TIMORE catonsv		18 NEWBUR	RG AVE
14	FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA		
	Aloyosis	ATKINSO	n ma'r'gare		GRINDELL
160	(YES, NO OR UNKNOWN) (IF YES, GD			ADDRESS	
	(YES, NO OF UNKNOWN) (IF YES, G)	212-01-	01/6 Winnifred R.	Atkinson Sa	
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	inly one couse per lye for (a), (b), and	dict.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		ATE CAUSE (a) Ceshive	atory failure		
	1629	DUE TO, OR AS A CONSEQUE	ENCE OF		
	Canditions, if any, which gave rise to immediate	((b) berevel	hopene carcu	une	
	cause (a), stating the	DUE TO, OR AS A CONSEQUE	ENCE		
	underlying cause last.	(c)			
2		CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDIT	ION GIVEN IN PART 1(0)
CERTIFICATION	190, DATE OF OPERATION	IN CONDITION FOR WHICH	OPERATION WAS PERFORMED	20g AUTOPSY? 2	Ob. IF YES, WERE FINDINGS USED
I V	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		N CERTIFYING CAUSES OF DEATH?
- 5	21a. ACCIDENT WAS UNDERLYING	216, TIME OF INJURY	21r HOW IN JURY OCCUR	YES NO RED (ENTER NATURE OF INJURY II	YES NO NO NITEM IS PART 1 OR PART 2)
	OR COLUMNIA CALIFE OF OF	HOUR A.M. MONTH DA		VED (ENTERNATIONS OF INSORTIN	STEM 10, TAN 1 ON TAN 2)
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER	P.M. 21e. PLACE OF INJURY	21f LOCATION		
M.		(AT HOME, STREET, FACTORY, OFFICE, F		CITY OR TOWN	COUNTY
	AT WORK	pital) attended the deceased from		to	19 , that (I) (we) lost
	saw the deceased alive a	n19			e and hour and from the causes stated
	above, (1) (we) (did) (did n 22b. SIGNATURE	ot) view the body after death.	DEGREE		22¢ DATE SIGNED
	1/10	and .	ATTENDING	MEDICAL STAFF	1/18/79
+	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	PHYSICIAN L	DIRECTOR OF PHISICIA	1/10/1/
	KUHRRAM I		SA VONES	HOSPITAL	
72	In BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	234 LOCATION	
13	(SPECIFY) Burial		restlawn	Marriottsvi	lle Howard Md
24	I. FUNERAL DIRECTOR Witzk	e Funeral Home of			b. REGISTRAR'S SIGNATURE
_	NAME	venue Catonsvill	1.0	N 19 1979	Tring Mc Credy

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other traumatic event, the medical exam

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove carbon papers. P with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law etained by the haspital or attending physicia

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riad soil	ST AGRES HOSPITAL	PLTITORE
	W. S.	
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STATE OF MARYLAND

LAST 20 DATE OF DEATH DECEASED NAME FIRST MONTH (TYPE OR PRINT) WALTER 0. AYERS 3. SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 19 YEAP MALE WHITE 96 82 To BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY NORTH CAROLINA U.S.A. BALTIMORE CITY WIDOWED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 10 CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) BALTIMORE VA MEDICAL CENTER BALTO.M.D. LABORER MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 1136 COUNTY 13e. STREET ADDRESS 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? P MARYLAND BALTIMORE NO X 6450 RACE ROAD 21227 ELKRIDGE 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME N MIDDLE LAST FIRST MIDDLE pua MARTIN AYERS VICTORIA E. ADDRESS BALTIMORE, 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT Poges (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) EULA M. OWINGS, 6450 RACE ROAD, 21227 217-09-6189 YES WW I Ŧ 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY Arrest PRESTON ST., IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last ö PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) DIVISION OF VITAL RECORDS, CERTIFICATION prior 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? bei entol Hygiene NOG sho 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH a MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 P.M. 21d INJURY OCCURRED 211 LOCATION 2 10 21# PLACE OF INJURY CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (X (this haspital) attended the deceased from DECEMBER 4. JANUARY DIRECTOR _19______, and that in (m) (aur) apinian death accurred an the date and haur and from the causes stated sow the deceased alive on JANUARY 10 obove, (X (we) (did) (X on the bady after death. ild be detoched the Stote Dept. 22h SIGNATURE DEGREE = ATTENDING MEDICAL FUNERAL DIRECTOR PHYSICIAN K PHYSICIAN T MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 3900 LOCH RAVEN BLVD. BALTO.MD. 21218 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION CITY OR TOWN

01-13-79

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

ADDRESS

MIDDLE

FOR

REGISTRAR

BURIAL

24 FUNERAL DIRECTOR

- STATE

BP.

DHMH - 16 50M 7/77

(VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DULANEY VALLEY

21229

79-00598

10

YES [

COUNTY

COUNTY

COCKEYSVILLE BALTIMORE

250. DATE REC'D. BY REGISTRAR 256. RESSTOAR'S SIGNATURE

22c. DATE SIGNED

1/10/79

IF UNDER 1 YEAR

INDUSTRY

2b HOUR

12b. KIND OF BUSINESS OR

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IF UNDER 24 HPS

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Canal A	NOT TOUT OUT !		_ Donnan			TOTAL
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			1.5000		1 X	

DHMH - 16 50M 7/77 (VR A 15 (4))

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1'	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	4 - 00	333	
1. DE (TYPE	CEASED NAME OR PRINT)	FIRST		M. BA	CHMAN	AST	2e. DATE OF DEATH	MONTH DAY	/79	12:54 A
3. SE.	x Female		White	e	S. DATE C	2, 1901 YEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF U	NDER 1 YEAR	IF UNDER 24 HRS HOURS MIN
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland			U	WHAT COUNTRY?	MARRIE		9 BALTIMORE CITY C BALT		DEATH	M
	D CITY OR TOWN OF DEATH BALTIMORE 11. NAME OF HOSPITAL, NUE (IF NOT US SUCH ACTURY OF EST (IF NOT US SUCH ACTURY OF EST (IF NOT US SUCH ACTURY OF EST (IF NOT US SUCH ACTURY OF TO SUCH ACTURY				ADDRESS) HALL HO	SPITAL	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST O Homemake	F WORKING LIFE	12b. KIND C INDUSTRY	PF BUSINESS O
13a S Ma					VN	YES NO		Charles	Stre	et
	THER'S NAME Louis		AIDDLE	Berger		is, mother's maiden namers. Anna	MIDDLE	August 1997	raunT	ein
	vas deceased ever in yes, no or unknown) No		MED FORCES? WAR OR DATES)	213-36-2		Maryland Mas	sonic Home			Maryla Mate Interval
CERTIFICATION	couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTINUED PHLEBION 196 CONDITION CONDITIONS CONDITIONS CONDITIONS CONDITION 196 CONDITION 196 CONDITION 196 CONDITION 196 CONDITION 197 CONDIT			BITIS	DEATH BUT	NOT RELATED TO THE TERM N WAS PERFORMED	INAL DISEASE OR CON	206. IF YES, W	ERE FINDING CAUSES	NGS USED OF DEATH?
MEDICAL CERT	210. ACCIDENT WAS UNDER OR CONTRIBUTING CAI (IF ETHER, NOTHEY MEDICAL 21d. INJURY OCCURRE) WHILE NOT WHILL AT WORK AT WORK 220. I certify that (1) (t) sow the decessed above, (1) (we) (do: 22b. SIGNATURE	USE OF DEA EXAMINER) D E his hospit	P. 21e. PLACE (AT HOME, ST	M. MONTH D M. OF INJURY REET, FACTORY, OFFICE. De doceosed from 19	19 FARM, ETC.) 79, or	211. LOCATION SIREET 19 19 10 that in (my) (our) opinion of DEGREE ATTENDING	CITY OR TOV	NN 16 19 ote and hour an	OR PART 2)	
	228. PHYSICIAN'S NAM	- (//			PHYSICIAN [220 ADDRESS	MEMORIA		P.	7//
(BURIAL, CREMATION, RE SPECIFY) Buria		23b. DATE 1/18/7	70		EMETERY OR CREMATORY Cemetery	23d LOCATION CITY OR TOWN Balti	more Maj	nty .	STATE
	uneral director uck Towson	Fune	ral Hom	e, Inc. I	Cowson		N 1 8 1979	25h. REGISTRA	SSISTE	Deedy

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20. DATE OF DEATH 1. DECEASED NAME MIDDLE 26 HOUR (TYPE OR PRINT) JOHN -30-3. SEX 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) hite MONTH 09 10-BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Batto., Md. WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR 120 HSUAL OCCUPATION
(TYPEDIL DECKNOSTOS ON THE LIFE) Laundru SAMARITAN SUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13g. STATE 13e. STREET ADDRESS . DECKER AVE. MD 2127 + imone 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE KATHERINE SCHRENK CHARLES Baltimoraporess Md. 21224 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b. SOCIAL SECURITY NO (YES, NO OR UNKNOWN) 1 (IF YES, GIVE WAR OR DATES) 4-Mrs. Eva M. Baer-11 N. Decker Ave 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY PRESTON ST. IMMEDIATE CAUSE (D) Carcinomero Conditions, if any, which gove rise to immediate couse (o), stating the DUE TO OR AS A CONSEQUENCE OF underlying couse lost. RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116 DIVISION OF VITAL RECORDS, CERTIFICATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED ā IN CERTIFYING CAUSES OF DEATH? YES | 21a ACCIDENT WAS UNDERLYING 71h. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Mentol MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 22a. | certify that (1) (this hospital) attended the deceased from. 30 sow the deceased alive an. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING should be deto PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) RAVEN BIVD Hismore 23a. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) Burial Feb. 3.1979-Loudon Park Cem. Maryland 24 FUNERAL DIRECTOR John of Moran, Ins. DHMH - 16 50M 1/76 3000 E. Baltimore St. (VR A 15 (4))

timore. alla. 21224

(11)	CEASED NAME FI	RST	MIDDLE	W. F.	LAST		20. DATE KNOWN	HINOM #	DAY YEAR	2b HOUR
	CORPRINT	Adrian			Bailey		OF ESTI-		28 19 79	M
3. SEX		2012		AST BIRTHDAY			2c. DATE PRONOUNCED DEAD	MONTH	DAY YEAR	12:22
70. BI	IRTHPLACE (STATE OR DREIGN COUNTRY)		WHAT COUNTRY	? 8. MAR	RIED NEVER A	MARRIED [9 BALTIMORE CITY			a. M
	Md.	U.S		WIDO	WED DI	VORCED	Baltim		City	MD.
10. CI	Baltimore	11. NAME OF I	Agnes Ho	Spital	HER INSTITUTION		AOST OF WORKING LIFE	E OF WORK	12b. KIND OF BU OR INDUST	
13a. S	AL RESIDENCE (IF IN NURSING TATE	HOME OR OTHER INSTITUTION	13c. CITY OR	TOWN	134 INSIDE CITY LIM		EET ADDRESS			
1115	Md.		Balt	0.	1	○□ 30	23 Harlem	AV	9.	-
	ndre	MIDDLE	Bail	270	15. MOTHER'S A		MIDDLE	200	LAST	
16a. V	VAS DECEASED EVER IN U.	S. ARMED FORCES?		SECURITY NO.	Mary 17. INFORMANT	Y	ADDRESS		Fadden	
{Y	ES, NO, OR UNKNOWN] (IF YE	S. GIVE WAR OR DATES)			Sarah	Cooper	r 3023 Ha		m Ave.	
	18. CAUSE OF DEATH (En	iter anly ane cause per	line far (a), (b), an	d (c).)	1 2001 0011	ovope.	7027 110		APPROXIMATE BETWEEN ONSE	E INTERVAL
	PART I DEATH WAS C.						ydration a	nd	BETWEEN ONSE	TANDBEATH
	0091		OR AS A CONSEC	DUENCE OF	electro	lyte im	balance	-70		Yana
	Canditians, if any, gave rise to imme									
	cause (a) stating the u	DUE TO,	OR AS A CONSEC	DUENCE OF						
		(c)								
z	PART 2 OTHER SIGNIFICANT CONO	DITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED T	O THE TERMINAL OISEA	SE OR CONDITION GIVE	N IN PART 1 (a).				
CERTIFICATION	19a. DATE OF OPERATION	1 119h COL	NDITION FOR WHI	CHOPERATION	VAS PERFORMEDS	?			20. AUTOPSY	2
FIC					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				YES TOTAL	
ER .	210 EXTERNAL CAUSE WA		E OF INJURY	21c. H	IOW INJURY OCC	URRED (ENTER N	ATURE OF INJURY IN ITEM 18	PART 1 OR PA		МОШ
	UNDERLYING OR CONTRIBUTING CAUS		A.M. MONTH DA P.M.	Y YEAR						
MEDICAL	214 INTURY OCCURRED	21e PLA	CE OF INJURY (A	THOME, 21f LC	CATION					
×	WHILE NOT WHILE	E STREET,	FACTORT, FARM, ETC.)		SINCE		CITY OR TOWN	CO	YTAUG	STATE
	22a. I certify that I taok		described abave, I	neld an Auta	osy XX Insp	pection ,	Inquiry , an	id in my aj	pinian	
		Natural causes 🔼	Accident	, Suicide	, Hamicide		ermined manner .			
	1.1		0.		TITLE (SPECIF	FY)	3		- 100	Ima
	SIGNATURE	harada L	Sola	^	Assist	ant MEDI	CAL EXAMINER	SIGNE	1/28	179
		4		14 D	11	1	0		100 0100	1
Mari	EXAMINER'S NAME	Virginia L.	. Dolan.	MaD.	ADDRESS	I Penn	Street Ra	Lto.	MD ZIZU	
23a. Bl	(TYPE OR PRINT)	Virginia L		M.D.			Street, Ba			
{5	(TYPE OR PRINT)		23c. NAM	E OF CEMETERY	OR CREMATORY	23d. 10 Conv.o Ba	Street, Ba CATION PRIOWN 1to. REGISTRAR [256. REG]	cou	INTY ST	TATE

79-00601

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1021a., 301a., 30. It com denote, also, 10 01201

TENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after dea

ottending physicion.

etoined by the hospital ar

TO HOSPITAL

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled within 72 hours of with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or Item 18 shows any injury, or other troumatic event, the medical examiner must be partified at once.

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-00603

REGI	STRAR				CERTIF	ICATE OF DEAT	H	REG. N	_	000	
I. DECEASE	n	FIRST		MIDDLE		AST	•		MONTH	DAY YEAR	26 HOUR
	XXXXXXXXXXX	ух ро	RSEY		B	AKER			1-10	-79	6:25
3 SEX		4	RACE		S. DATE C			AGE IN YEARS LAST BIRT	HDAY)	MONTHS DAYS	IF UNDER 24 H
N	IALE		WI	IITE	MONTH 7	12 j	f3	65	YRS.	IMOIVING DATS	TIOURS IM
7a. BIRTHPLA	76. BIRTHPLACE (STATE OR FOREIGN COUNTRY)			WHAT COUNTRY?	8 MARRIE	D NEVER MARRI	IED 🗆	BALTIMORE CITY	R COUNT	Y OF DEATH	
WEST	VIRGINI		USA		WIDOWE	DIVORCE	ED 🗌	BALTO. C	ITY		
ID. CITY OR	TOWN OF DEAT	Н 11	IF NOT IN SUC	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTE	ОИ	120 USUAL OCCUPAT			OF BUSINESS
MARYI		1				LOCH RAVI	EN	TRUCK DRIV			king
USUAL RES 130. STATE	DENCE (IF NURSIN	IG HOME OR OT	HER INSTITUTION,	GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIA	MITS?	3e. STREET ADDRESS			1
MARYI	AND	Anne A	rundel	LiNthic.		YES NO		448 HILLVI	EW DR	., LINT	HICUM,
14 FATHER'S	FIRST 20 2 2	MID	DLE .	O LAST	TIME	15. MOTHER'S MAIL	DEN NAM	E _MIDDLE	J tai	I.A.	ST
	Alber	rt	H.	BAKER	2	Ann	ie.	m.	553	Yerk	Loy
	CEASED EVER IN	U.S. ARME		166 SOCIAL SECU	RITY NO.	17 INFORMANT	1100	ADDRE			
YES		WWI:		579 16 3	200	3900 LOCE	H RAV	EN BLVD.,	BALTO	., MD.	21218
18 CA	USE OF DEATH	(Enter only	one cause per	line for tol, (b), one	d ic	,		-1		BETWEEN	MATE INTERVAL ONSET AND DEA
PA	18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CON (1) PURP INCHEMY									m	Nella
13	391		DUE TO O	R AS A CONSEQUE	NCE OF	/			113		
Cond	litians, it any,	which	(b)_	Bruir	for	mos				Mo	non
gove rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF											
underlying cause last: (c)											
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GET									EN IN PART 1	al	
0	580515										
CERTIFICATION 180 DV	ATE OF OPERATION	ON	196 CONDI	TION FOR WHICH	OPERATION WAS PERFORMED 200 AI			20a AUTOPSY?	20b, IF YE	S, WERE FINDI	NGS USED
RTIE				In Last	10.4			YES NO	YE	S 🗌	NO 🗌
00.00	CCIDENT WAS UNDE		21b. TIME O HOUR A.	FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF INJUI	RY IN ITEM 18, I	PART 1 OR PART 2)	
S INFEIT	HER, NOTIFY MEDICAL	EXAMINER)	P./	Μ.	19						
21d. IN	JURY OCCURRE		21e. PLACE (OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC.)	211 LOCATION STREET		CITY OR TOV	٧N	COUNTY	STATE
AT WO	AT WOR				10 10		70	1-10	70	70	
220.	certify that (1	this hospital) attended the	deceased from -	9	, 19.	19	_, to	13		that of (we)
0	bove (1) (we) (die	d) (disk)	jem the bady	after death.	, ar	nd that in DDy) (aur)	apinion de	eath occurred on the de	ote and hou	or and from the	causes stated
22b. S	GNATURE	71	111	,	-	DEGREE	DING	MEDICAL STA		22c. DATE	SIGNED
	V	-15	JULA	37	2						
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22d. ADDRESS											01000
22d. P	7 /										
22d. P	1. Lit	05/1	153h	MA	10	LKI	M	H			
	CREMATION, R	OS/U	153/1 23b. DATE	12 N	AME OF C	EMETERY OR CREMA	ATORY	23d. LOCATION		COUNTY	srale.
	CREMATION, R	OS/U	152h 23b. DATE 1-13	79 230.17	JAME OF C	EMETERY OR CREMA	ATORY	23d. LOCATION CITY OF TOWN	C	COUNTY	Mod .
23a. BURIAL (SPECIFY)	CREMATION, R	OS/U		79 23c. N	JAME OF C	in Cemit	12-y		25b. REGIST	undl	Ind.

DHMH - 16 50M 7/77 (VR A 15 (4))

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H-11-1 * _ -AND ARREST ARREST ATTE . OTTAN Live, and the same of the same MUCHANI ME PRESENTED TO SEE THE SEE THE SEE THE TOTAL THE TOTAL THE SEE THE SE tergo I wish la sado Wases took avet alve., swice, in. 2001

page 3

ond completely filled in by the funer loges 1 and 2 should be filed within 7

this certificate has been signed by the attending physician

injury, or other troumotic event,

should be detoched for use as the buriol-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, or WAPORTANT: If Item 21 is marked or Item 18 shows any injury, or oth

STATE OF MARYLAND FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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X.	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO		7-00004
	EASED NAME FIRST	hN	A,	B	Baker	2a DATE OF DEATH	MONTH I	29-79 7 AM
3. SEX		4. RACE		5 DATE C		6 AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR IF UNDER 24 HRS
	MALE	WH	ITE	03	17 10	6	8 YRS	
	THPLACE (STATE OR FOREIGN UNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIEI	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH
PE	NNSYLVANIA	U.	S.A.	WIDOWE	D DIVORCED X	BALTIMORE	CITY	MD.
f	Y OR TOWN OF DEATH	(IF NOT IN SU	HOSPITAL, NURSIN CHEACILITY, GIVE STREET DENT HOSP	ADDRESS)	OR OTHER INSTITUTION	12d. USUAL OCCUPATE (TYPE OF WORK FOR MOST O WAREHOUSEM	F WORKING LIF	12b. KIND OF BUSINESS OR INDUSTRY DISTILLERY
JUSUA	L RESIDENCE (IF NURSING HOM	E OR OTHER INSTITUTION	, GIVE RESIDENCE BEFORE	ADMISSION)		4	WM.	DISTILLEKT
	RYLAND	YTAUC	BALT IMOR		YES X NO	306 E. NOR	TH AV	ENUE,
14 FAT	HER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		LAST
2	PAYTON		BAKER		MARY	M.		BRADDICK
	AS DECEASED EVER IN U.S. S. NO OR UNKNOWN) (IF YES.	ARMED FORCES?	16b SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDRE	SS	
(16	NO (IF YES.)	GIVE WAR OR DATES)	UNAVAILA	BLE	HENRY E. BA	KER, BOX 19	BELT	WAY TRAILER CT.
ICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o) stating the underlying couse last PART 2. OTHER SIGNIFICAN 90 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CAUSE OF CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING NOT COURSE OF CAUSE OF CA	DUE TO, C DUE TO, C DUE TO, C CC 19b. COND 19b. COND 19b. COND ANER) 21b. TIME C P 21c. PLACE	ONTRIBUTING TO E	ENCE OF ENCE OF OPERATIO OPERATIO AY YEAR 19	DISTANT O	CONTOLISM S AINAL DISEASE OR CONI 200 AUTOPSY? YES NO	DITION GIV 206. IF YES IN CERTIF YE YE YIN ITEM 18, P	EN IN PART 1(0) WERE FINDINGS USED YING CAUSES OF DEATH? NO NO
	22a. I certify that (I) (this has sow the deceased alive obove, (I) (we) (did) (dia 22b. SIGNATURE	not view the body	19	, or	22e ADDRESS DRAY	deoth occurred on the do	FIAN DE	19, that (I) (we) lost rand from the couses stated 22c. DATE SIGNED 1-Z9-79
23a. BL	JRIAL, CREMATION, REMOV	AL 23b. DATE	23 c. N	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY STATE
CR	EMATTON	01-30	-79 T	OIIDON	PARK	BATTTMOR	E CIT	

TO FUNERAL DIRECTOR: After

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the haspital or attending physicio

DHMH - 16 50M 1/76 (VR A 15 (4))

PUNERAL DIRECTOR
HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

JAN 3 1 1979 STRAR 25 DE GAMES CIONATURE

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7.0		FOR STATE		ARTMENT OF HEALTH AND MENTAL	HYGIENE	79-00	605
, -1 = -		REGISTRAR CEASED NAME FIRST OR PRINT) LEONA	ARD Q	CERTIFICATE OF DEATH LAST BAKER	REG. NO. 20 DATE OF DEATH MONT	TH DAY YEAR	2b. HOUR
or o	3. SE:		1. RACE White	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)		IF UNDER 24 HR
nerol do		RTHPLACE ISTATE OR FOREIGN DUNTRY) SEASY	76 CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR CO	OUNTY OF DEATH	
Sorified with	10.8	Altimore	THE JOHNS	HOPKINS HOSPITA	120 USUAL OCCUPATION (The Work FOLMOST OF WOR	RKING LIFE) INDUSTRY	PRUSINESS C
filled in hould be	13a. S	13b coun	OTHER INSTITUTION, GIVE RESIDENCE OF THE OR	PERSON ADMISSION) 13d INSIDE CIPTLIMITS VES NO	306 Ac 4 de	Circle Dr	-
d completely	9	Leonand	MIDDLE . BARE	15. MOTHER'S MAIDEN	RI MIDDY G.	nne "	ST
rs. Poges) 16a V	(AS DECEASED EVER IN U.S. AR	WTL 154-1	SECURITY NO. 17 INFORMANT 05-07-3 MAS BLANIC	Baken Feder	assemu A	VI 216
that the death certificated by the attending phy leose remotion, ar remoor or for or o		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONS	SEQUENCE OF	of dispas	e Yee	±h
N. The low requires hystion. icole has been signe ronsit permit. Then p Hygiene prior to bur 18 shows any injury.	AL CERTIFICATION	19a. DATE OF OPERATION 12-11-78 21g. ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO DEEP DEA	19b. CONDITION FOR W	day YEAR 216, HOW INJURY OC	20a AUTOPSY? IN	b. IF YES, WERE KNOWN CERTIFYING CAUSES YES	Contropolis USEO
NG PHYSICIA ottending pl fter this certif os the buriol-th on the buriol-th orked or them	MEDICAL	(IF EITHER, NOTIFY ASSOCIAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C		CITY OR TOWN	COUNTY	STATE
by the hospital or by the hospital or ERAL DIRECTOR: A e detached for use State Dept. of Heal		22b. SIGNATURE	t) view the body ofter death.		nion deoth accurred an the date of	22c. DATE	
TO HOSPITAL retoined by the TO FUNERAL should be detined to the Store IMPORTANT:	23a	22d. PHYSICIAN'S NAME (TYPE O	Rreste,	23c. MAME OF CEMETERY OR CREMATO	DRY 23d. LOCATION	COHNTY	STATE
BP	24.5	BUNIE	1-5-79	Lakeview Piemo. Van	(INNAMINSON)	Bunling to	
DHMH - 16 50M 7/77 (VR A 15 (4))	10	UNERAL DIRECTOR NAME 100en Tralesby	12.00 Rf ADOR	30 GNNA. N. J.	IN 9 1979 2	itry Mch	ody

79-00605 MALE WINDSHIP STANDERS 1.20 1 - 1 - 20 of 9.4.1, C K Litter C. Sola Block Downe. VEST I WILL IS 4-08-07-3 HOLE ENDING BOND. "FREE TO BE STONE BOND. "FREE TO BE and the survey of said a Velocial wheel disperse the water property programmes suiters proved 12 9-78 F Welmilan Lead to 18 -9 St CONTRACTOR OF THE RESERVE OF THE PROPERTY OF T with a state of the state of the same

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH I DECEASED NAME 2h HOUR (TYPE OR PRINT) 26 3 SEX 6 AGE (IN YEARS LAST BIRTHDAY) BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED INDUSTRY Touch-up Man Shipbuilding USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 130 STATE 136 COUNTY 13d INSIDE CITY LIMITS? 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE Sheeford Nancy Bal Lew Marion 17 INFORMANT Baltimore, ADDRESS 166 SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) Mrs. RuthC. Parker-2924 E.Baltimore 18 CAUSE OF DEATH Enter only one couse per line for (o), (b), and PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse (o), stoting the couse lost NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT DIVISION OF VITAL RECORDS, CERTIFICATION 19a. DATE OF OPERATION NO [NO 210. ACCIDENT WAS UNDERLYING T 71h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21f. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (the hospital) attended the deceased from ___, and that in my (our) opinion death occurred on the date and hour and from the couses stated obove. (1) (we) (did) (did not) view the body ofter deoth 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN [MPORTANT 22d PHYSICIAN'S NAME ITYPE OF PRINT 22e ADDRESS old E PARGA 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Gardens-Belair, Maryland (SPECIFY) BelAir Memorial 250 DATE RECID. BY REGISTRAR 256. REGISTRAR'S SIGNATURE John H. Moran, Onas ADDRESS DHMH - 16 60M 1/75 (VRA 15(4)) 3000 E. Baltimore St.

	1-	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	FIENE 79	-00607
be ooth		CEASED NAME FIRST THON	TAS V.	BANKS	20. DATE OF DEATH MONT	- 24-1979 5.10 P.M
ge 4 moy be ector, page 3 rs after death	3. SE)		1. RACE CULITE	5. DATE OF BIRTH YEAR YEAR OO E 1 - 1 - 2 - 2 - 1 - 2 - 2 - 2 - 2 - 2 -	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MAN
death. Page funeral direct thin 72 hours of of ot pace.		RTHPLACE ISTATE OR FOREIGN DUNTRY) Manuland	76 CITIZEN OF WHAT COUNTRY	WIDOWED DIVORCED	9. BALTIMORE CITY OR CO	one (ity MD
s ofter	1	TY OR TOWN OF DEATH Baltimore	Jouth Batto. Je		(TYPE OF WORK FOR MOST OF WOR	IZE KIND OF BUSINESS OR INDUSTRY LONGS W reman
r filled in hould be in must be	Ma	ruland	ROTHER INSTITUTION, GIVE RESIDENCE BEFO NTY 136. CITY OR TO Valtimore		130. STREET ADDRESS 1630 Belt S	t. Balto M.
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DR ATTENION Proportion DIRECTOR: ched for us Dept. of He Item 21 is		sow the deceased alive or above, (1) (we) (did) (did no 22b. SIGNATURE	of) of the deceased from 19. of) view the body ofter death.		deoth occurred on the date of	22c. DATE SIGNED
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0 % 0 % \$ ds	23a.	BURIAL, CREMATION, REMOVA (SPECIFY) Burial	1 23b. DATE 23b. DATE 23c. 29, 1979	NAME OF CEMETERY OF CREMATORY Len Haven Mem. Park	23d LOCATION Gir or Town Gen purnie	
DHMH - 16 25M (VR A 15 (4)) 9/74	24 F	UNERAL DIRECTOR	ADDRESS	Ave Ralto Ad JA	NEE BY 979 RAR 256.	THE PROPERTY OF THE PARTY OF TH

					E OF MARYLAND				
	1	FOR STATE REGISTRAR	DEPA		ICATE OF DEATH	REG. NO	9-01)60	8
200		CEASED NAME FIRST	MIDOLE	R	AST	20. DATE OF DEATH	AONTH DAY	YEAR	26 HOUR
1		Cose	MARIE		The s	4 - 4	- 23	- 1	12:15 AM
	3. SE	×	4 RACE	S. DATE C		6 AGE IN YEARS LAST BIRTH	MON YRS.	INGER I YEAR	HOURS MIN.
55		IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNT	MARRIE WIDOWE	D NEVER MARRIED	Balto	COUNTY OF	DEATH	MD.
Thed of	10 C	By Himose	11. NAME OF HOSPITAL, NU	RSING HOME C		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE	126. KIND O INDUSTRY	OF BUSINESS OR
20	,⊌SU 130.	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE		13d INSIDE CITY LIMITS?	Hospital V	Torker		
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X Chaine	14. F	John A.	Holmes		15. MOTHER'S MAIDEN NAME FIRST	ME MIDDLE White		LAS	ST .
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shows only in the shows only i	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WE			200 AUTOPSY?	206. IF YES, W IN CERTIFYIN YES	ERE FINDING CAUSES	NGS USED OF DEATH?
19 st		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCURR	ED JENTER NATURE OF INJURY	IN ITEM 18, PART	OR PART 2)	
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1	23a.	BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	-	UNTY	STATE
-	24 5	Burial UNERAL DIRECTOR	1=26-79	Mt. A	uburn Cem.	Balto. M		D'C CICALT	
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MIDDLE 20. DATE OF DEATH 2b HOUR (TYPE OR PRINT) 3 SEX 4 RACE & AGE (IN YEARS LAST BIRTHDAY) MONTH HOURS 10 1908 BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY Baltimore Maryland WIDOWED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDREAS (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 113b COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 2201 Orem Avenue Maryland Baltimore FATHERSNAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST FIRST MIDDLE Reuben Brook Sadie ADDRESS 166 SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO OR UNKNOWN) I HE YES, GIVE WAR OR DATES! Brooks 1313 North Luzerne APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for io), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (O. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse io, stoting DUE TO, OR AS A CONSEQUENCE OF ath underlying couse ö PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [NO F ental Hygi 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 211. LOCATION ō 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 270.1 certify that (1) (this haspital) attended the deceased from. _, that (I) (we) last sow the deceased alive on bove. (1) (we) (fid) (did not) view the body after death , and that in (my) (our) apinion death accurred on the date and hour and from the causes stated 226_SIGNATUR DEGREE 22c DAVE SIGN * ATTENDING MEDICAL FUNERAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22s_ADDRES the the 0 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE 1/19/79 Burial Baltimore Nat. Cem. Baltimore Co. / Maryland 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGIST DHMH - 16 60M 1/75 (VRA 15(4)) C. March F/H 1101 East North Ave

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+ 10	1-	STATE	DEPARTMENT OF HEALTH AN		7.0	11200
/	10	REGISTRAR CEASED NAME FIRST	MEDICAL EXAMINER'S CER		REG. NO 9	UUDII
		PE OR PRINT)		20. DA1	FCTI. XX	DAY YEAR 26. HOUR
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STE			5. DATE OF BIRTH NONTH DAY YEAR 6. AGE (IN YEARS IF UNDER LAST BIRTHDAY) MONTHS (ATE MONTH I	DAY YEAR 2d. HOUR
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S FOR YOU WITHIN 72	F	DREIGN COUNTRY)		NEVER MARRIED 9. BAL	IMORE CITY OR COUNTY	OF DEATH
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30	10.0	IT OR TOWN OF DEATH	 NAME OF HOSPITAL, NURSING HOME, OR OTHER IN (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 	FOR MOST OF	CUPATION (TYPE OF WORK 12b	OR INDUSTRY
		altimore City	203 N. Denison Street	GUARD		100
OR	13a	TATE 13b. COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Y 13c. CITY OR TOWN 13d.	INSIDE CITY LIMITS? 13e STREET ADI	DRESS	
L RECORDS,		RYLAND	BALTIMORE	SXX NO 1 203 N.	DENISON STRE	ET
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		DAVE	BARETT	SHALLIE	HUGHE	
DIVISION OF	160.	WAS DECEASED EVER IN U.S. AR	AR OR DATES)	NFORMANT	ADDRESS	
1		NO L		SHALLIE MARSHAL	L COLUMBIA,	MARYLAND
		18. CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE	one couse per line for (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
HEALTH AND MENTAL HYGIENE, E CREMATION, OR REMOVAL.		MMEDIA	cause (o) Arteriosclerotic ca	rdiovascular di		
AND MENTAL HYG		4272	DUE TO, OR AS A CONSEQUENCE OF			
WO W		Conditions, if any, which gave rise to immediate	(b)			
S RE		couse (o) stating the <u>under</u> lying cause lost.	DUE TO, OR AS A CONSEQUENCE OF			
5			(c)			
2	7	PART 2 OTHER SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CO	DNOITION GIVEN IN PART 1 (a).		
_	CERTIFICATION	14 2 4 7 0 7 0 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				
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1		UNDERLYING OR	HOUR A.M. MONTH DAY YEAR	NJURY OCCURRED (ENTER NATURE OF	INJURY IN ITEM 18 PART 1 OR PART 2)	
J	MEDICAL	CONTRIBUTING CAUSE OF				
	ME	WHILE INOT WHILE I	21e PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) 21f. LOCATIC STREET	ON CITY OR	TOWN COUNTY	STATE
		AT WORK AT WORK				
		22a. I certify that I took charg	of the remains described above, held an opposy	, Inspection X, Inqui	ry , ond in my opinio	on
	ш	deoth resulted from Notu	I couses K., Accident , Suinde	Homicide Undetermined	monner,	
ARY		ACTUAL /	X / 4 7/1 TI	ITLE (SPECIFY)		
×	1	SIGNATURE	March / Mull M.D. D	enuty ChiefedicalEx	AMINER DATE SIGNED_	1/14/79
AFIER DEATH, WITH THE ST BALTIMORE, MARYLAND, 21:		EXAMINER'S NAME Th	man D Smith M D	111 0		
37		(TYPE OR PRINT)	mas D. Smith, M.D.	(E33	.,Balto., MD.	
96	23a.B	URIAL, CREMATION, REMOVAL	The state of content of the	CITY OR TOWN	COUNTY	STATE
_	04.5	BURTAL	I-18-79 ARBUTUS MEM. PA	ARK ARBUTU	S MAR	RYLAND
17		INERAL DIRECTOR	ADDRESS	25a. DATE REC'D. BY REGIST	The state of the	Cilledy
73	1	KLINGTON S. PH	LIPS 1721-27 N. MONROE S	T. JAN 1 6 1979		



CERTIFICATE OF DEATH REGISTRAR REG NO 20 DATE OF DEATH MONTH 1. DECEASED NAME (TYPE OR PRINT) INNIE ANUARY 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY 3 SEX IF UNDER I YEAR MONTHS DAYS 76 CITIZEN OF WHAT COUNTRY? ISTATE OF FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED [NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION TOWN OF DEATH 126 KIND OF BUSINESS OR (TYPEO WORK FOR MOST OF WORKING LIFE) INDUSTRY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13d. INSIDE CITY LIMES? 13e STREET ADDRESS . OTHER'S MAIDEN NAME MIDDLE MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT ADDRESS (YES, NO OF UNKNOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one couse per for to), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0 DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse 101, stating DUE TO, OR AS A CONSEQUENCE OF underlying couse lost TRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) SIGNIFICANT CONDITIONS CON CERTIFICATI 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IEYES, WERE FINDINGS USED 20a AUTOPSY? INCERTIFYING CAUSES OF DEATH? NO YES [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 21 F 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY NOT WHILE WHILE AT WORK AT WORK 22a.l certify that (1) (this haspital) attended the deceased from, DIRECTOR sow the diceosed alive on 5 - obave (like) (did) (did not) view the body after death , and that in my (our) opinion death accurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING FUNERAL PHYSICIAN DIRECTOR PHYSICIAN 20e ADDRESS the IMPORT, ALTIMORE 23b. DATE 231. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a BURIAL GREMATION, REMOVAL 24. FUNERAL DIRECTO DHMH - 16 50M 7/77 ADDRESS NAME

FOR

- STATE

(VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

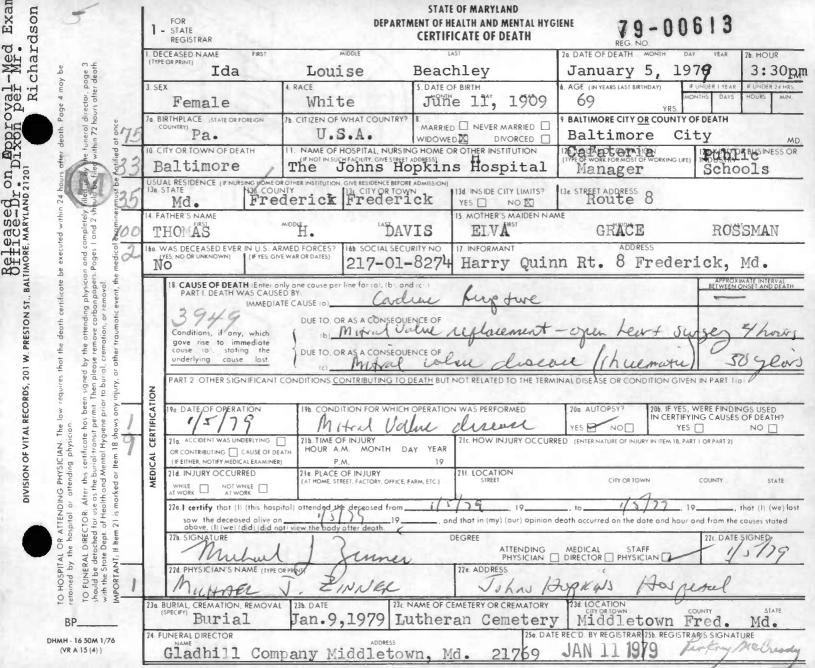
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DHMH-16 20M (VRA 15, 4) 7/7B

FOR - STATE REGISTRAR

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-00614

1		REGISTRAR				CERTIF	ICATE O	F DEATH		REG. N	0.				
1		EASED NAME	FIRST		MIDDLE	Ł	AST	-	Za D	ATE OF DEATH		DAY	YEAR	2b. HO	UR
ı	(TAME)	OR PRINT)	Franci	Ls	5	Becl	hto1d		J	anuary 1	4,197	9		3:1	.0a M
1	3. SEX	(4 RACE		5. DATE C	F BIRTH	_	6 AC	E (IN YEARS LAST BIR	THD AY)		DER 1 YEAR		ER 24 HRS
1		F		W		MONTH	9/67	V Z YEAR		76	YRS.	нтиом	S DAYS	HOURS	MIN
J		RTHPLACE ISTATE C	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	A NEV	ER MARRIED	1 BA	LTIMORE CITY	R COUNT	TY OF D	EATH		
)		MI	>,	U3	SA		DIA	DIVORCED		altimore	City	7			MD.
	10 CI	TY OR TOWN OF	DEATH		HOSPITAL, NURSIN		R OTHER I	NSTITUTION		JSUAL OCCUPAT			b. KIND O	F BUSIN	
1	Ba	ltimore			nd Gener		spita	1	11111	OF WORK FOR MOST C	A MORKING	(IFE) III	PHON	UE	CO
	USUA 130 S	L RESIDENCE (IF N	JURSING HOME OR		GIVE RESIDENCE BEFORE		134 INSID	E CITY LIMITS?	1130.5	TREET ADDRESS					
5		MD	13.	ALTO	DUNDA		YES 🗌	NO 🖸	7		NSHI	RE	W.A	11	
T	14. FA	THER'S NAME	,	AIDDLE	LAST	N	15 MOTH	ER'S MAIDEN NA	AME	MIDDLE			LAS	i.r	
4		GEO.		-LIST			AN	NA	6	RESHA	M				
		(AS DECEASED EV		MED FORCES?	166 SOCIAL SECU	RITYNO	17 INFOR			ADDR	ESS				
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		IS CAUSE OF DE			line for (a), (b), and								BETWEEN	MATE INT	ERVAL DD DEATH
-1		PARTI. DEATI	IMMEDIAT	E CAUSE (0)_F	Recent and	d old	Myoc.	ardial I	Infa	rction w	ith_				
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1		gove rise to couse (a), ste	oting the	DUE TO, OI	R AS A CONSEQUE	NCE OF									
1		underlying ca	use lost.	(c)											
1	z				ONTRIBUTING TO D	EATH BUT	NOT RELA	TED TO THE TERA	MINAL	DISEASE OR CON	IDITION G	IVEN IN	PART 1(c	o !	
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⊣	ERT	210 ACCIDENT WAS	IIMOERIVING F	21b. TIME O	E INTITION		Tale HOW	V IN ILLEY OCCUP		S NO D		YESXX	0.000.00	NO	
1		OR CONTRIBUTING	CAUSE OF DEA			Y YEAR	711.110	V IIVJORT OCCOR	KKED (I	ENTER NATURE OF INJU	INT IN HEM 10	S, PART I C	PRPARIZ)		
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1	ME	WHILE I NO	T WHILE	(AT HOME, STR	EET, FACTORY, OFFICE, F	ARM, ETC)	STR	REET		CITY OF TO	WN	cc	YTAUC		STATE
1		AT WORK - AT	WORK —	nl) attended th	e deceased fram _	Tanua	rx 6	19_79	-	- January	1/4	19.7	Q	theretime	((we) lost
1		sow the dece	eased alive on.	January	7 14 19	70	- d			occurred on the d		,	,		
1		22h SIGNATURE	(did) Mileson	Eview the body	after death.		DEGREE						22c. DATE	SIGNE	D
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┪		224 PHYSICIAN'S	NAME (TYPE OF	(PRINT)			22e ADD			Teron Control			1	1-/-	' / _
		Renee	Waschle	er M.D.			C,	/O Maryl	and	General	Hosp	itai	ί		
		URIAL, CREMATIC	N, REMOVAL	236. DATE	23c. N	IAME OF C	EMETERY C	OR CREMATORY	23	d. LOCATION CITY OR TOWN		COUN	TY	:	STATE
	24 511	BUR	3176	1//	1/79 -60	Thou	-/				ALT	-	M	I L.	
	Z4: FU	INERAL DIRECTOR		. , .	ADDRESS	11 1	15	250. DA	JAN	1999	25b. REGI	OLJE!	SALL SALL	- COLL	77
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR MIDDLE I. DECEASED NAME 2h HOUR January AMES 930 A. 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 5. DATE OF BIRTH Male MONTH HOURS Negro June 23, 1917 To BIRTHPLACE STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED & NEVER MARRIED New Jersey U.S.A. Baltimore City DIVORCED [O CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Provident Hospital Printer Printing SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13h COUNTY 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore 4401 Norfolk Ave. Maryland YES 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE James Beckett Wright Maude 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) No 18-816-2703 Jean Beckett/4401 Norfolk Ave./Balto.Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per live) for 10 PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. IMMEDIATE CAUSE (0 Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. R SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? be NOF YES [NO [18 sho 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN JIEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIE EITHER NOTIFY MEDICAL EXAMINER P.M. 21f LOCATION d 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY morked NOT WHILE WHRE AT WORK AT WORK (I) (this hospital) attended the deceased from 220.1 certify that (our) opinion death occurred on the date and hour and from the causes stated did noth lew the body after death 226 SIGNATOR DEGREE 100 ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN FUNERAL MPORTANT: PROVIDENT HOSPITAL 22e ADDRESS should b 23a. BURIAL, CREMATION, REMOVAL 23 NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE Burial Jan.30, 1979 Arbutus Memorial Arbutus (Balto.Co.) Marylan 4 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REQUSTRAR'S SIGNATURE DHMH - 16 60M 1/75 Jones, Jr. Funer Home Oden/4101 Edmondson Ave./Balto.Md (VR A 15 (4))

STATE OF MARYLAND

STATE OF MARYLAND 79-00617 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 2a. DATE OF DEATH 2b. HOUR MIDDLE I. DECEASED NAME FIRST (TYPE OR PRINT) RDINAND IF LINDER 24 HRS IF UNDER I YEAR A AGE (IN YEARS LAST BIRTHDAY) 5 DATE OF BIRTH 3. SEX 4 RACE DAYS MONTH 7.1896 Caucasian Sep Male 9. BALTIMORE CITY OR COUNTY OF DEATH THE CITIZEN OF WHAT COUNTRY TO BIRTHPLACE ISTATE OF FOREIGN MARRIED NEVER MARRIED COUNTRY BALTIMORE CITY Maryland DIVORCED WIDOWED 17n USUAL OCCUPATION 12b. KIND OF BUSINESS OR NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IN CITY OF TOWN OF DEATH Bay (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY South Baltimore General Hosp Accountant Baltimore MISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e. STREET ADDRESS 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 136. COUNTY ploc 2600 Jefferson St.21205 Baltimore YES TX Maryland NO 15. MOTHER'S MAIDEN NAME I FATHER'S NAME LAST MIDDLE LAST puo Anna Schneider John Behr 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO I (IF YES, GIVE WAR OR DATES) 213-03-7757 Doris Behr (dgtr) same as 13 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per The for (a), (b), and (c) IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF tailuse CO Waken Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION prior 200 AUTOPSY? 70h, IF YES, WERE FINDINGS USED 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOF YES T NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY Item 18 s DAY YEAR HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH 19 IN EITHER NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY STATE CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 22a.1 certify that (I) (this hospital) attended the deceased from 115 1979 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on above, (I) (we) (did) (did not) view the body after death 22c. DATE SIGNED DEGREE 22h SIGNATURE lustre MEDICAL ATTENDING PHYSICIAN P DIRECTOR PHYSICIAN MPORTANT 22e. ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT) GEN HOSPITAL BHUSHAN 23c. NAME OF CEMETERY OR CREMATORY 23ª BURIAL CREMATION, REMOVAL 23b. DATE Marte Baltimore, Gardens of Faith Burial 10/79 25g. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Soff Millek Funeral 3331 Brehms Lane DHMH - 16 25M Balto.Md.21213 (VR A 15 (4)) 9/74 Home. Inc.

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oge pe		CEASED NAME FIRST OR PRINT)	ob Paul	Beil	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
ecfor, page	3. SE		1 RACE	5. DATE OF BIRTH Sept. 22, DAY 913 YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER LYFAR IF UNGER 24 HRS
death. Page 4 m undral director. Inn 72 hours ale	Ċ	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COU	NTY OF DEATH
rs offer de by the fur filed within	10 CI	Baltimore	11. NAME OF HOSPITAL, NURS (IF NOT INSUCH FACILITY, GIVE STRE	ing home or other institution et address. Balto. Md.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	17b. KIND OF BUSINESS OR INDUSTRY
NND 2 12 1. 24 hour filled in oould be f	13a S	ALRESIDENCE (IF NURSING HOME OF TATE 136 COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFUNTY 13c. CITY OR TO	WN 1136 INSIDE CITY LIMITS?	13e. STREET ADDRESS 415 & Lement	C.
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TTENDI or or o			spital) attended the deceased from	1 / /	death occurred on the date and	hour and fram the causes stated
IAL OR A Y the host RAL DIREC detoched tote Dept. VT: If them		77b. SIGNATURE	Na.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	776. DATE SIGNED
HOSPI bined b 5 FUNE ould be th the Si		22d. PHYSICIAN'S NAME ITYPE	A VS	77e. ADDRESS	are Kali	to 21202
240 }BP	23a 8	Burial Burial	AL 231 DATE 23 Jan. 8, 1979 G	Len Haven Mem. Park	23d LOCATION CITY OR TOWN	COUNTY STATE
DHMH-1650M7/77 (VR A 15 (4))	24. FU	NAME CULLY Funeral	ADDRESS		TE REC'D. BY REGISTRAR 256. R	ASPAR'S SONAT RE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR BELCASTR DO DATE OF DEATH MIDDLE DECEASED NAME MONTH 26 HOUR ROSA DAY YEAR (TYPE OR PRINT) 7 Lose Belcastro 3 2 3 SEX 4. RACE DATE OF BIRTH IF UNDER I YEAR MONTH DAYS HOURS 2 O BIRTHPLACE STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) WIDOWED A DIVORCED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 14 SWE DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13o. STATE filled ould b 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS BALTO 6423 MD HARTWAIT YES TO NOF 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME FIRST MIDDLE MIDDLE LAST 160 WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 9890 BELCASTR JR. 213 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH | Enter only one cause per line for (a), (b), and ic. PART I. DEATH WAS CAUSED BY: Acrest ardlopulmonar. IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause 101, stoting DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11G CERTIFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED à. IN CERTIFYING CAUSES OF DEATH? NO [YES [NO YES [216. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION 0 21d INJURY OCCURRED 21e PLACE OF INJURY Pu CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this hospital) attended the deceased from 1/23 saw the deceased alive an. and that in (my) (our) apinion death occurred an the date and haur and from the causes stated obove, (I) (we) (did) (did not) view the body after death DIRE 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF ould be deto DIRECTOR PHYSICIAN PHYSICIAN [] 22e ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT) BCH Simeon L. Barder 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE STATE TY OR TOWN COUNTY BALTO HEART MO DJBY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 (VR A 15 (4)) CONNELL 300

STATE OF MARYLAND

I. DECEASED NAME (TYPE OR PRINT) John Be11 4 RACE 3 SEX 5 DATE OF BIRTH MONTH VEAR DAY Male Black unknown 78. BIRTHPLACE ISTATE OF FOREIGN THE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY WIDENERS DIVORCED unknown IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore Maryland General Hospital USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 136 COUNTY 13d. INSIDE CITY LIMITS? 13c CITY OR TOWN Filled Suld b Baltimore YES X NO F Maruland 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST FIRST unknown Me WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (YES, NO OR UNKNOWN) I HE YES GIVE WAR OR DATES! 218-22-3120 unknown 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). ovo PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Carcinoma Of The Throat DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause tot, stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED à Mentol Hygie 21a ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH hem MEDICAL LIFETHER, NOTIFY MEDICAL EXAMINERS PAA 211 LOCATION 214 INJURY OCCURRED 5 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 27e I certify that & (this haspital) attended the deceased from January sow the deceased alive on January 6 above, & (we) (did) (### Executive the body after death 19 79 226. SIGNATURE DEGREE 0 ATTENDING MEDICAL PHYSICIAN | M.D. be de MPORTANT 22d PHYSICIAN'S NAME (TYPE OF PRINT) 27e ADDRESS ld b Thomas Marpherson, M.D. shoul with 0 23c NAME OF CEMETERY OR CREMATORY 23e BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH LAST 2a DATE OF DEATH MONTH 25 HOUR January 6. A AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS unknown **BALTIMORE CITY OR COUNTY OF DEATH** Baltimore City 126. KIND OF BUSINESS OR 12s USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY unknown unknown 21201 13e STREET ADDRESS 851 George Street Apt. 14-M LAST unknown 17 INFORMANT Medical RecorderESS Maryland General Hospital 827 Linden Avenue APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20e AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOIS YES [21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OF TOWN COUNTY STATE 10 Januaru and that in 2008) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED 1-8-79 DIRECTOR PHYSICIAN XX c/o Maryland General Hospital 23d LOCATION COUNTY STATE 250. DATERECID. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH-16 20M

(VRA 15, 4) 7/78

Anatomy Bd.

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FOR

REGISTRAR

- STATE

24 FUNERAL DIRECTOR 655 W. Balto. St.

Balto., Md.

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STATE OF MARYLAND **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN YEAR MONTH TYPE OR PRINTI OF ESTI-MICHAEL Steven BELLE 2419 5 FOR YOUR FILE 5, WITHIN 72 HOUR 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED Male. White SEPT.21,1954 24 31 19 79 YRS MARRIED NEVER MARRIED XX 9. BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? FOREIGN COUNTRY Baltimore City, USA MARYLAND DIVORCED WIDOWED 128. USUAL OCCUPATION (TYPE OF WORK 128 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY TO THE F N PAGE 5 BE FILED, 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 1014 N. Calvert Street ,APT.#7 CLERK Baltimore City STATE OF MD RECORDS USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) APT. 130 STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 113b COUNTY 21201 1014 N.CALVERT #21201 BALTIMORE YES XX NO T MARYLAND VITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MD MIDDLE MIDDLE GOLDBERG FIRST OF VIT ALVIN **EVELYN** BELLE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 165 SOCIAL SECURITY NO ADDRESS DIVISION (YES, NO. OR UNKNOWN) PAGES 213-64-3473 ALVIN BELLE 6718 CHESHOLM DR. #21207 APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY AND MENTAL HYGIENE, Gunshot wound of head IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) E USED AS A CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? JO BURIAL, YES X NO [BE DEPARTMENT 216 EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL 24 self inflicted CONTRIBUTING CAUSE OF DEATH 21201 PRIOR 21e PLACE OF INJURY (AT HOME. 71f LOCATION 71d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) COUNTY STATE NOT WHILE KK 1014 N. Calvert St . Balto. home MD AT WORK Autopsy X 22a. I certify that I took charge of the remains described above, held an EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: Inspection Inquiry MARYLAND, dide XX Homicide death resulted fram: Natural causes Undetermined manner TITLE (SPECIFY) ACTUAL Deputy ChiefDICAL EXAMINER 1/31/79 DEATH, SIGNATURE BALTIMORE, EXAMINER'S NAME Thomas D. Smith, M.D. 111 Penn St. Balto., MD. AFTER (TYPE OR PRINT) ADDRESS 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY STATE COUNTY FEB.2,1979 BURIAL CHIZUK AMUNO (ARLINGTON) BALTIMORE MARYLAND 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** SOL LEVINSONADOS BROS. INC. (VR A15 ME (5)) 30M 7/73 6010 REISTERSTOWN RD., BALTO, MD 21215

Alman Demoke

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 26 HOUR (TYPE OR PRINT) ANTHONY J. BENYOCK 20 IF UNDER 1 YEAR IF UNDER 24 HRS 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) MON1H5 DAYS BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? NEVER MARRIED WIDOWED DIVORCED [IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS INDUSTRY tito d 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 WSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13d. INSIDECITY LIMITS? NOF 14 EATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST LAST 17 INFORMANT ADDRESS 160 WAS DECEASED EVERAN U.S. ARMED FORCES? IAL SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY RCINOMATOSIS ANCER CACHERIA DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate (o), stoting the DUE TO, OR AS A CONSEQUENCE OF Lower end of Esophage underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 0 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED d IN CERTIFYING CAUSES OF DEATH? alophagus bei NOV YES M buriol-tronsit p Mentol Hygier 71a. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21f LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased from. sow the deceased alive on_ 1976 , and that in (my) (our) apinion death accurred on the date and haur and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF TO FUNERAL Eshould be detowith the Stote E DIRECTOR PHYSICIAN PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 77e. ADDRESS RAJU FOUINDA 23d. LOCATION 100 Droadway 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY CITY OR TOWN 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIC SATURE 24. FUNERAL DIRECTOR DHMH - 16 50M 7/77 (VRA 15 (4))

79-00625

STATE OF MARYLAND 79-11626 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR MIDDLE LAST DECEASED NAME 20 DATE OF DEATH YEAR 2b. HOUR TYPE OR PRINT CHARLES 79 BESS 1:15a H . 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 3 SEX 4 RACE 5. DATE OF BIRTH MONTH 2 DAY 14 DAYS HOURS MIN 72 MALE BT.ACK 76. CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** TO BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED U.S.A. BALTIMORE CITY WIDOWEDXX 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR IB CITY OF TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BATTTMORE MARYLAND 21218 BALTIMORE BALTIMORE, MARYLAND 21201 SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13d. INSIDE CITY LIMITS? 13. STEW ADDRESS RUTLAND AVENUE MARYLAND YES F NOF 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME 2 AUDDU FIRST MIDDLE LAST oud Alice Bess Columbus Bess ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT 217 07 1302 Doris M. Hursey 918 Rutland Avenue APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY W. PRESTON ST., IMMEDIATE CAUSE (0) PAOSTATIC CATCINONA DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse lost 5 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 DIVISION OF VITAL RECORDS, CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 28n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? and Mental Hygiene NOM YES [NO F shov 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 710 ACCIDENT WAS UNDERLYING Item 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION ŏ CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT-WORK 22a. I certify that \$1 (this hospital) attended the deceased from sow the deceased alive on JANUARY 24 19 obove \$4) (we) (did 444 for view the body after death. and that in (My) (our) apinion death occurred on the date and hour and from the causes stated should be detoched f 22c. DATE SIGNED 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF 4 1/24/79 PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS 3900 LOCH RAVEN BLVD. BALTO.MD 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE STATE COUNTY (SPECIFY Burial 1/27/1979 King Memorial Park Baltimore Co., Marvland 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATUR 24 FUNERAL DIRECTOR DHMH - 16 50M 7/77 (VRA 15 (4)) C. March F/H 1101 East North Ave

C. March F/H 1101 East North Ave

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

79-00627

1978

CITY

INDUSTRY

Davis

YES T

COUNTY

22c DATE SIGNED

Maryland

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

IF UNDER I YEAR

DAYS

2b. HOUR

HOURS

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL

NO [

STATE

STATE

IF UNDER 24 HRS

201 DIVISION OF VITAL RECORDS, FOR

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 7/77 (VR A 15 (4))

- STATE

The transfer of the property of the second second

- STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MIDDLE 2a DATE OF DEATH MONTH 2b HOUR (TYPE,OR PRINT) John Bishon 3 SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 5 DATE OF BIRTH DAYS 12/22/02 76 Years yes Male White To BIRTHPLACE (STATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY) BALTIMORE CITY USA WIDOWED Va. DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR Social Security INDUSTRY BALTIMORE AGNES HOSPITAL Fed. Govt. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Baltimore Pikesville Clarendon Avenue 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Frederick C. Bishop Hannah Curry 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 17 INFORMANT 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) 16 6630 John P. Levering Darlinton, Maryland APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for 10, 16, and 10 PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse 101, stating DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 206 IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSYT IN CERTIFYING CAUSES OF DEATH? pe YES [NO T 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (FINTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH MEDICAL 0 (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21f. LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE 1.16. 220.1 certify that A (this hospital) attended the deceased from and that in (m) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive a above, (Mwe) (did) (dig not) view the body after death 22b. SIGNATURE DEGREE J ATTENDING MEDICAL = PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) should b AVE, BALTIMORE, MD21229 23d. LOCATION 23¢ NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION REMOVAL 23h DATE (SPECIFY) BP Pikesville Maryland burial 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIG 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 ADDRESS

Pikesville. Md

Frank H. Newell. Inc.

FOR

(VRA 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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9 3/22/75TATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Items #18a-22a Film G529

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STORY OF SECTION OF DECK DACK WITH THE PROPERTY OF STREET

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BP_____ DHMH - 16 50M 7/77 (VR A 15 (4))

I. DE	ECEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH	MONTH DA	Y YEAR	2b. HC
(TYPI	E OR PRINT)	Margar		· mmonn	I SAIL OF BLAIN	1 26	00	Q '
3 SE		TTA _M		TTORF IE OF BIRTH	6. AGE (IN YEARS LAST BIRT		UNDER 1 YEAR	IF UND
	Female	White		DAY 1891	87	MC	ONTHS DAYS	HOURS
7a. B	SIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	UNTRY? 8		9. BALTIMORE CITY O	R COUNTY O	OF DEATH	-
	altimore, Md.	U.S.A.		RIED NEVER MARRIED NEVER MARRIED NEVER MARRIED				
	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL	NURSING HOM	E OR OTHER INSTITUTION	BALTIMOR	ON	12b. KIND	
AL.	TIMORE	(IF NOT IN SUCH FACILITY, G		PITAL.	(TYPE OF WORK FOR MOST O	F WORKING LIFE)	INDUSTRY	
USU 130	JAL RESIDENCE (IF NURSING HOME O	OTHER INSTITUTION, GIVE RESIDE		ON)	13e STREET ADDRESS			
	Maryland		timore	YES NO 1	4709 Mawai	ni Road	i	
14 F	ATHER'S NAME		LAST	15 MOTHER'S MAIDEN NAM	ME		2777	
	William		ouss	F.W.21	WIDDLE			ith
	WAS DECEASED EVER IN U.S. AT	MED FORCES? 166 SOCI	1AL SECURITY NO -07-5334	. 17 INFORMANT Daug			Mark I	. (4)
· ·	No		-48-1911	Dorothy B. W:	idman, 4709	Mawan	Rd.	2120
	18 CAUSE OF DEATH (Enter o	nly one couse per line for to	i, (b), and (c)				BETWEEN	XIMATE INT
		D RY.		- 1 · 1) h				
	5533 Conditions, if ony, which	DUE TO, OR AS A CO	phe G	erma (S)	Eding		H	8 h
N	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CO	DIVISEQUENCE OF	ternia (s	Liding INAL DISEASE OR CONI	DITION GIVE		
IFICATION	Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CO OUE TO, OR AS A CO (b) H CO OUE TO, OR AS A CO (c) CONDITIONS CONTRIBUTIONS	DUSEQUENCE OF	ternia (s)	20a AUTOPSY?	206. IF YES,	WERE FINDING CAUSE	INGS US
AL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	DUE TO, OR AS A CO (b) H CO DUE TO, OR AS A CO (c) CONDITIONS CONTRIBUTION 196 CONDITION FOR ANH HOUR A.M. MON	DIVISEQUENCE OF	FERUT NOT RELATED TO THE TERM TION WAS PERFORMED 21c HOW INJURY OCCURE	20a AUTOPSY?	201. IF YES, IN CERTIFYI YES	WERE FINDING CAUSE	(o)
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 1 25 79 210. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CO (b) DUE TO, OR AS A CO (c) CONDITIONS CONTRIBUTION FOR 196 CONDITION FOR 216 TIME OF INJURY HOUR A.M. MON P.M.	DIVISEQUENCE OF	EUT NOT RELATED TO THE TERM TION WAS PERFORMED 21c HOW INJURY OCCURR 9	20a AUTOPSY?	201. IF YES, IN CERTIFYI YES	WERE FINDING CAUSE	(o) INGS US S OF DEA
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	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 1 25 79 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	DUE TO, OR AS A CO (b) DUE TO, OR AS A CO (c) CONDITIONS CONTRIBUTION 19b CONDITION FOR 21b. TIME OF INJURY HOUR A.M. MON P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTOR)	ONSEQUENCE OF	F SUT NOT RELATED TO THE TERM TION WAS PERFORMED 21c HOW INJURY OCCURS 9 1711. LOCATION	200 AUTOPSY? YES WO NO WORLD (ENTER NATURE OF INJUR	206. IF YES, TN CERTIFY YES BY IN ITEM 18, PAR	WERE FINDING CAUSE	INGS US
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE AT WORK AT WORK	DUE TO, OR AS A CO (b) DUE TO, OR AS A CO (c) CONDITIONS CONTRIBUTION FOR 21b. TIME OF INJURY HOUR A.M. MON P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTOR)	ONSEQUENCE OF THE PRINCE OF TH	F SUT NOT RELATED TO THE TERM TION WAS PERFORMED 21c HOW INJURY OCCURS 9 1711. LOCATION	YES WIND RED (ENTER NATURE OF INJUR	200 IF YES, TO CERTIFY! YES YIN ITEM 18, PAR	WERE FINDING CAUSE:	INGS US S OF DEA NO
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER AT WORK AT WORK AT WORK AT WORK AT WORK Sow the deceased olive or so the deceased olive o	DUE TO, OR AS A CO (b) DUE TO, OR AS A CO (c) DUE TO, OR AS A CO (c) 19b CONDITION FOR 21b. TIME OF INJURY HOUR A.M. MON P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTOR) (at) ottended the deceased	ONSEQUENCE OF THE PRINCE OF TH	FERMINION (S) FERMINION WAS PERFORMED 711. LOCATION STREET 19	200 AUTOPSY? YES NO NO CITY OR TOW CITY OR TOW depth occurred on the do	200/ IF YES, TO CERTIFY! YES TY IN ITEM 18, PAR TOTE and hour of	WERE FINDING CAUSE T 1 OR PART 2) COUNTY Pand from the	INGS US S OF DEA NO
	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER AT WORK AT WORK AT WORK AT WORK AT WORK OBOWELL OF THE COUNTY OF THE AT WORK AT	DUE TO, OR AS A CO (b) DUE TO, OR AS A CO (c) 19b CONDITION FOR 21b. TIME OF INJURY HOUR A.M. MON P.M. 21e. PLACE OF INJURY (1AT HOME, STREET, FACTOR) 1101) ottended the deceased	ONSEQUENCE OF THE PRINCE OF TH	FOUT NOT RELATED TO THE TERM TION WAS PERFORMED 21c HOW INJURY OCCURF AR 9 21l. LOCATION STREET 19 , and that in (my) (our) opinion of DEGREE ATTENDING	200 AUTOPSY? YES NO NO CITY OR TOW CITY OR TOW depth occurred on the do	200/ IF YES, TO CERTIFY! YES TY IN ITEM 18, PAR TOTE and hour of	WERE FINDING CAUSE T 1 OR PART 2) COUNTY Pand from the	(a) INGS US S OF DEA NO , that (I) e couses s E SIGNEE
	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER AT WORK NOT WHILE AT WORK AT WORK 220. I certify that (I) (this hosp sow the deceased alive or obove, (I) (we) (did) (did not 22b. SIGNATURE)	DUE TO, OR AS A CO (b) DUE TO, OR AS A CO (c) 19b CONDITION FOR 21b TIME OF INJURY HOUR A.M. MON P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTOR) 1101) ottended the deceased	ONSEQUENCE OF THE PRINCE OF TH	FOUT NOT RELATED TO THE TERM TION WAS PERFORMED 21c HOW INJURY OCCURF AR 9 21l. LOCATION STREET 19 , and that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN [27e ADDRESS	YES WIND CITY OR TOWN CITY OR TOWN ACCOUNTED OF INJUR CITY OR TOWN ACCOUNTED ON the do	200 IF YES, TO CERTIFY YES YES AND THE ME TO T	WERE FINDING CAUSE T 1 OR PART 2) COUNTY Pand from the	(a) INGS US S OF DEA NO , that (I) e couses s E SIGNEE
MEDICAL	Conditions, if ony, which gove rise to immediate couse (o1), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER AT WORK AT WORK AT WORK AT WORK 220. I certify that (I) (this hosp sow the decessed alive or obove, (I) (we) (did) (did not 22b. SIGNATURE) 22d. PHYSICIAN'S NAME THE COLORS	DUE TO, OR AS A CO (b) DUE TO, OR AS A CO (c) CONDITIONS CONTRIBUTION 198 CONDITION FOR 218. TIME OF INJURY HOUR A.M. MON P.M. 218. PLACE OF INJURY (AT HOME, STREET, FACTOR) (tot) ottended the deceased	ONSEQUENCE OF	FOUT NOT RELATED TO THE TERM TION WAS PERFORMED 21c HOW INJURY OCCURF AR 9 21l. LOCATION STREET 19 , and that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN [27e ADDRESS	200 AUTOPSY? YES NO NO CITY OR TOW CITY OR TOW depth occurred on the do	200 IF YES, TO CERTIFY YES YES AND THE ME TO T	WERE FINDING CAUSE T 1 OR PART 2) COUNTY Pand from the	INGS USS OF DEA

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d. 21.104	ghter: Midman, 4709 Bawani J	. Ernorni - Ci-	70 = 113 8a = 650	0.5
		oslovisi (a.a. 1) – paosil (24,925	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

must be notified at once.

IMPORTANT: If them 21 is morked or Item 18 shows any injury, ar other traumatic event, the TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remove carban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

e attending physicion and completely filled in by the funeral or move carbanpapers. Pages 1 and 2 should be filed within 72 h

STATE OF MARYLAND

_	FOR STATE REGISTRAR			IEALTH AND MENTAL HYG	IENE 79	-0063	3
	T DECEASED NAME FIRST (TYPE OR PRINT)	AT J.		Xixler XXXXX Sr.	20. DATE OF DEATH MONTH	31 79	25. HOUR 9.40 M
	3 SEX Male	4 RACE White	(2	DF BIRTH DAY 17 1890	1	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
1	Jo. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Penna.	76 CITIZEN OF WHAT C	MARRIE		9. BALTIMORE CITY <u>OR</u> CO Baltimore C		MD.
2	Baltimore	Union Mer	norial Hos		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR Metal Worke	KING LIFE) INDUSTRY	OF BUSINESS OR
5		VTY 13c CIT	DENCE BEFORE ADMISSION) Y OR TOWN altimore	13d, INSIDE CITY LIMITS?	13. STREET ADDRESS Ba 4836 Hazelw	lt., Md. 2 ood Avenu	21206 e
1	Jefferson	D. Bix		15. MOTHER'S MAIDEN NA/ FIRST Amanda	MIDDLE	Steffey	
	160. WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) Yes (IF YES, GIVI	E WAR OR DATES!	+-09-7931	17 INFORMANT Son: Paul F. Bixle	er 4836 Hazel	alt., Md. wood Aven	21206 ue
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT (COUNTY) 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A C	dun (L) hip hands onsequence of , in the dem	Starn where	INAL DISEASE OR CONDITIO	N GIVEN IN PART 1(a) IF YES, WERE FINDINGERTIFYING CAUSES	NGS USED
		ATH HOUR A.M. MC	Y ONTH DAY YEAR 19	21c. HOW INJURY OCCUR	YES NO	YES EM 18, PART 1 OR PART 2)	NO []
	OR CONTRIBUTING CAUSE OF DEP. (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJU (AT HOME, STREET, FACTO	RY DRY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	sow the deceosed alive on obove. (If (we) (did) (did no 22b. SIGNATURE	1 - 31	19 79 , o	, 19 18 nd that in (my) (our) opinion of DEGREE	to 1 31 death occurred on the date on	nd hour and from the	
The same of	76/m A C	RPRINT) SARATS	A TIJ.ING	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN		2011/2 Dr 1212/8
	230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		23t. NAME OF C	EMETERY OR CREMATORY AS of Faith	23d LOCATION CITY OR TOWN Rossville	COUNTY	
	24. FUNERAL DIRECTOR NAME Leonard J. Ru		ADDRESS ore, Maryl	25a. DATI	E REC'D. BY REGISTRAR 256. B		

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AL., M. 2760 Edward Document of Progress	601: Fi 1 214-09-7931 Fact F. Birton	362
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	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE
STATE	CERTIFICATE OF DEATH

79-00634

ALE E. (STATE OR FOREIGN AROLINA DWN OF DEATH CIMORE PICE (IF HURSING HOME OF DEATH BAI HAME BESTEPH SEE OF DEATH (IF YES, GR SE OF DEATH (Enter of I). DEATH WAS CAUS	A RACE Th CITIZEN OF V USA 11. NAME OF H (IF NOT IN SUCH SO OR OTHER INSTITUTION, INTY TTO. MIDDLE RMED FORCES? VE WAR OR DATES) DUBY ON CAUSE (a) DUE TO, OR (b)	HOSPITAL, NURSINIM FACILITY, GIVE STREET A SINAI HOS GIVE RESIDENCE BEFORE 132 CITY OR TOWN BALTIMOI BLACKEI 16b SOCIAL SECUL 217-03	WIDOWER IG HOME OF ADDRESS) PITAL ADMISSION) RE RITY NO. 7888	F BIRTH LOS (XX) EVER MAI DIVO R OTHER INSTITU 13d INSIDE CITY YES N 15 MOTHER'S M FIRS 17 INFORMANT	RRIED 9 120 120 120 120 120 120 120 120 120 120	DATE OF DEATH AGE (IN YEARS LAST BILL BALTIMORE GITY USUAL OCCUPA PE OF WORK FOR MOST C. P. A STREET ADDRESS 8.37 MILF MIDDLE ADDR ACKER 8.3	YRS OR COUNT TO OF WORKING L ORD MI	ILL RD. SCHWART F21208 LFORD M.	OF BUSINESS OUNTING #2120
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SE OF DEATH (Enter of I.) DEATH WAS CAUS IMMEDIA ons, if any, which rise to immediate (a), stating the	only one cause per SED BY: ATE CAUSE (a) DUE TO, OR	114-03 line for (a), (b), and ACTE	-7888	MRS. S	YBIL BL	ACKER 8:		LFORD M	
INDEATH WAS CAUS IMMEDIA Tons, if any, which rise to immediate (a), stating the	DUE TO, OR	ACTE R AS A CONSEQUE	Intern.	or myds	aidial i	nfarction.		APPRO BETWEEN	XIMATE INTERVAL LONSET AND DEA
	(c)		DEATH BUT N	710			20b. IF YE	S, WERE FIND	INGS USED
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thify that (I) (this hasp the deceased alive a va (I) (we) (and I) ATURE	or view the pady of	after death.	5, and	e that in (my) Cou	ENDING A	h accurred on the a	dote and ha	22c. DAT	, that (1) we e couses stated E SIGNED
	E OF OPERATION IDENT WAS UNDERLYING [RIBUTING CAUSE OF DE IN NOTIFY MEDICAL EXAMINES JRY OCCURRED NOT WHILE AT WORK AT WORK THIS HOSPING (I) (HIS HOSPING) VA (I) (MO NO HOSPING) (HIS HOSPING) SICIAN'S NAME (TYPE OF THE PROPERTY OF THE PROPER	E OF OPERATION 19b CONDITION IDENT WAS UNDERLYING 1 21b. TIME O HOUR A.I. IN NOTIFY MEDICAL EXAMINER) JRY OCCURRED 21e PLACE O (AT HOME, STR. AT WORK 1 (1) (this haspital attended the decase of live and	E OF OPERATION 19b. CONDITION FOR WHICH IDENT WAS UNDERLYING RIBUTING CAUSE OF DEATH L. NOTIFY MEDICAL EXAMINER) JRY OCCURRED NOT WHILE AT WORK 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F WHITE HAD A STREET, FACTORY, OFFICE, F WHITE HAD A STREET, FACTORY, OFFICE, F WAS LIVED A STREET, FACTORY, OFFICE, F WAS LIVED A STREET, FACTORY, OFFICE, F SICIAN'S NAME (TYPE OR PRINT) ALTCY2 REMAITON, REMOVAL 23b. DATE 23c. N	E OF OPERATION 19b CONDITION FOR WHICH OPERATION 10b CONDITION 10b CONDITION FOR WHICH OPERATION 10b CONDITION 10b CONDITION	IDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	E OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO IDENT WAS UNDERLYING 21b. TIME OF INJURY RIBUTING 2 CAUSE OF DEATH IN NOTIFY MEDICAL EXAMINER) IN OTHER MEDICAL EXAMINER) IN OTHER MEDICAL EXAMINER P.M. 19 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FARM, ETC.) 21d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FARM, ETC.) 21d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FARM, ETC.) 21d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FARM, ETC.) 21d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FARM, ETC.) 21d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FARM, ETC.) 21d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY OCCURRED (ENTE	E OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20c. AUTOPSY? 21b. TIME OF INJURY RIBUTING CAUSE OF DEATH NOTIFY MEDICAL EXAMINER) 19 P.M. 19 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM 1B. 19 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM 1B. 19 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM 1B. 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJ	IDEANT WAS UNDERLYING YES NO YES YES NO YES YES

DHMH - 16 50M 1/76 (VR A 15 (4))

TO FUNERAL DIRECTOR: After

MPORTANT: If Item 21 is marked

79-00636 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20 DATE OF DEATH 3 HOUR 8 (TYPE OR PWPInnie Louise Blanev -13-70 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY IF UNGER I YEAR IF UNDER 24 HRS MONTH DAY YEAR DAYS HOURS 1899 Female white TO BIRTHPLACE ISTATE OR FOREIGN 75 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH COUNTRY MARRIED NEVER MARRIED Maryland WIDOWED DIVORCED [Baltimore City CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Mercy Hospital DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 Baltimore Sales Ladv Dept Store USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 130 STATE 136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore YES X 3939 Roland Avenue 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDOLE LAST Charles E. Litzinger Sarah E. Brown 60 WAS DECEASED EVER IN U.S. ARMED FORCES 16b SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) 26 1719A Carroll J. Blaney 1116 W. University Pkwy no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the AS A CONSEQUENCE OF underlying PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 20g AUTOPSY? P 0 IN CERTIFYING CAUSES OF DEATH? the buriol-transit per and Mental Hygiene sho 210 ACCIDENT WAS UNDERLYING 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 216. TIME OF INJURY 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21f. LOCATION 21d INJURY OCCURRED 71e PLACE OF IN ILIRY norked or CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE WHILE NOT WHILE AT WORK AT WORK 2 22a. I certify that (Diffus hospital) attended the deceased from and that in (my) pinion deoth occurred on the date and hour and from the causes stated view the body ofter deoth old be detoched for the Stote Dept. 22b. SIGNATURE DEGREE 22c. DATE SIGNED 4 MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRES Moore 230. BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Burial /16/79 Moreland Memorial Pk Towson 24 FUNERAL DIRECTOR BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 1/76 3631 Falls Road 21211 JAN 1 Burgee Funeral Home (VR A 15 (4))

Delta to the second of the sec Assemble of the South and The page stills thought the court of the

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME 26. DATE OF DEATH MONTH 2h HOUR anol evins TYPE OR PRINT 29 11 Au IF UNDER I YEAR 3. SEX 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS. 4 Female MONTH DAYS Tas BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH Manyland MARRIED MINEVER MARRIED Baltimore WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Homemaker Hospital Cun Home ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 0 Baltimore 1810 Harman Avenue YES K NOF 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST Charles MIDDLE puo Ruen Ida 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) harles W. Blevins 1810 Harman Avenue APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART 1. DEATH WAS CAUSED BY Pulmonary Hrvest IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 DIVISION OF VITAL RECORDS, CERTIFICATION JEVEU E Cachexia 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED d DANTIE IN CERTIFYING CAUSES OF DEATH? paricardisto YES NO YES [NO [71a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this haspital) attended the deceased from ... that (1) (we) last saw the deceased olive on obove. (1) (we) (did) (did not) view the bady ofter death and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL be deto PHYSICIAN | DIRECTOR PHYSICIAN 214 PHYSICIAN'S NAME (EYPE OR P 22e ADDRESS should by 23a. BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY 23d, LOCATION Baltimore Md. Security Process. Inc. remation atonsville DHMH - 16 50M 7/77 Funeral Home of Brooklyn (VR A 15 (4))

STATE OF MARYLAND

FOR

79-00637 MIN TOWN TOWN are to the state of the state o and the second of the second o Service of the servic Course Palmoney Berry Description of the second Controlled to the second of th Colle Laure Came of Lindollan

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the build-transit permit. Then please remove carbon pages. Pland 2 should be filled within 72 hours offer death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-00639

	CEASED NAME	FIRST	MI	DDIE	LA	ST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
		HARRY		W.	BLO	MOO	112217	9		9130
3. SE	X	4 R	RACE		5 DATE OF		6. AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 I
1	Male		whi	4.	MONTH	DAY YEAR	6)1	YRS.	MONTHS DAYS	HOURS
	IRTHPLACE ISTATE OR F	FOREIGN 76		HAT COUNTRY?	8 Apr		9 BALTIMORE CIT		Y OF DEATH	
C	COUNTRY)		TICLA		MARRIED	NEVER MARRIED	BALLTIMOR	E CTTY		
10 C	Maryland	ATH 11.			IG HOME OF	ROTHER INSTITUTION	120. USUAL OCCUP	ATION	126. KIND C	F BUSINESS
B/	ALTIMORE	Т	HE INTO	FACILITY, GIVE STREET ON MEMOR	TAT, HE	SDTTAL.	(TYPE OF WORK FOR MO			-7 1/-4
USU	AL RESIDENCE (IF NUR				E ADMISSION)		Relief		Higener	al Mot
	STATE	13P COUNTA		13c. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e. STREET ADDRES			
	Md ATHER'S NAME	_		Baltimo	re	YES NO 1		ckory	Avenue	
1111	FIRST	MIDD	DLE	LAST	- 1	FIRST	MIDDLE		LAS	51
14		ard Bloc		M SOCIAL SECTI	OLA VILIA	Clara Whe		DRESS		
	WAS DECEASED EVER (YES, NO OR UNKNOWN)	(IF YES, GIVE WA		166 SOCIAL SECU		17. INFORMANT			SALES OF	
	no			214 12	9561	Helen J. Blo	om 3540	Hickor	y Avenu	
	18 CAUSE OF DEAT								BETWEEN	MATE INTERVA ONSET AND DE
	PART I, DEATH V	IMMEDIATE C	AUSE (0) Ca	italio res	Pilalely	aliest.			20	
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	1600					. 0				
				MEDASTOXI	c. Lu	A9 / Oz -				
	Conditions, if ony		(b)	Metastati	'c Lu	49 Ca.				
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ATION	gove rise to im couse (0), stati underlying cous	mediate ing the e lost.	DUE TO, OR	AS A CONSEQUE	ENCE OF		MINAL DISEASE OR CO	20b. IF Y	ES, WERE FINDI	NGS USED
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ERTIFICATION	gove rise to im couse (o), stoti underlying couse PART 2. OTHER SIG	mediate ing the ing the e lost. SNIFICANT CON	DUE TO, OR (c) NDITIONS COI	AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF Y	ES, WERE FINDII FIFYING CAUSES YES [NGS USED
L CERTIFICATION	gove rise to im couse (o), stoti underlying couse	mediate ing the ing the e lost. SNIFICANT CON ATION	DUE TO, OR (c) NDITIONS COI	AS A CONSEQUE	DEATH BUT N	NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF Y	ES, WERE FINDII FIFYING CAUSES YES [NGS USED OF DEATH?
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₹ S	gove rise to im couse (o), stoti underlying couse PART 2. OTHER SIG 190. DATE OF OPERA 71a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEDI 27d. INJURY OCCUR WHILE WHILE AT WORK AT W. 270. I certify that M sow the decess above. M (we) 27b. SIGNATURE	ATION AT	DUE TO, OR IC) NDITIONS COI 196 CONDIT 216 TIME OF HOUR A.M P.M 21e PLACE C (AT HOME, STRE offended the 122/74 (ew the body of	AS A CONSEQUE NTRIBUTING TO I ION FOR WHICH INJURY A. MONTH D, J. FINJURY ET, FACTORY, OFFICE, F deceosed from 19 offer deoth.	OPERATION AY YEAR 19 FARM, ETC.)	NOT RELATED TO THE TERM WAS PERFORMED 21c. HOW INJURY OCCUR 21l. LOCATION STREET , 19 2 9 d that in (psy) (our) opinion DEGREE ATTENDING PHYSICIAN (200 AUTOPSY? YES □ NO ☑ RED (ENTER NATURE OF I	20b. IF Y IN CERT IN CERT TOWN 2 e date and he	ES, WERE FINDING CAUSES YES	NGS USED OF DEATH? NO STATE that y (we)
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MEDICAL MEDICAL	gove rise to im couse (o) stoti underlying couse (n) stoti underlying couse (n) part 2. OTHER SIG 190. DATE OF OPERA 21d. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL PROPERTY OF COURT AT WORK AT W. 27d. I certify that if sow the deceed obove. If (we) 27d. Physician's N	ATION AT	DUE TO, OR IC) DITIONS COI 196 CONDIT 216. TIME OF HOUR A.M P.M 21e PLACE C (AT HOME, STRE OTTENDED THE BODY OF THE BODY	INJURY A. MONTH D. A. MONTH D. A. MONTH D. A. MOTH D. A	OPERATION AY YEAR 19 FARM, ETC.) NAME OF CE	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR 21l. LOCATION STREET , 19 2 9 d that in (pri) (our) opinion DEGREE ATTENDING PHYSICIAN (27e. ADDRESS	200 AUTOPSY? YES NO ENTER NATURE OF I CITY OR to 1 2 deoth occurred on th MEDICAL S DIRECTOR PHY	20b. IF Y IN CERT IN CERT TOWN 2 e date and he SICIAN	ES, WERE FINDING CAUSES YES	NGS USED OF DEATH? NO THE STATE COUSES STORE SIGNED 2/79

DHMH - 16 50M 7/77 (VR A 15 (4))

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the hospital or attending physician.

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. 1					OF MARYLAND				
X	FOR STATE REGISTRAR		DEP		CATE OF DEATH		REG NO	9-006	41
e ath	1. DECEASED NAME (TYPE OR PRINT)	RAY	MIDDLE	Blu	NT	2a D	ATE OF DEATH	DAY	29 1-9-M
ofter o	3. SEX	4 R	ACE Dio als	5. DATE O	14 Ž		E (IN YEARS LAST BIRTH	MONTHS	
direct	Male 76 BIRTHPLACE (STATE	OR FOREIGN 7h (Black		14 2		55 LTIMORE CITY OF	YRS.	FATH
2 2 3	COUNTRY)	'C ·	U.S.A.	MARRIED	NEVER MARRIE		altimor		MD.
	Balto.		NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE Provident	STREET ADDRESS)	R OTHER INSTITUTIO	(TYPE	JSUAL OCCUPATION OF WORK FOR MOST OF		KIND OF BUSINESS OR DUSTRY
Seminar be			er institution, give residence 13a. CITY OR Balt	TOWN	13d INSIDE CITY LIMI	ITS? 13e S	TREET ADDRESS	ingdale	Ave.
O Cominer	14. FATHER'S NAME FIRST	WIDDI	E LAST		15 MOTHER'S MAIDE FIRST	EN NAME	MIDDLE		LAST
Poges 1 o	(YES, NO OR UNKNOWN		OR DATEST	SECURITY NO.	Mrs. Lat	ura W	ADDRES		ingdale
rta burial, cremation, ar ren injury, ar ather traumatic ev	PART 2. OTHER	immediate stating the ause last.	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) DITIONS CONTRIBUTING	SEQUENCE OF	S S T RELATED TO THE	SUP	Ohafr Dhafr DISEASE OR COND	f.	PART IIo
Siene prior Shows ony	190 DATE OF OP	PERATION	196 CONDITION FOR W	HICH OPERATION	WAS PERFORMED		a AUTOPSY?	20b. IF YES, WER IN CERTIFYING YES [E FINDINGS USED CAUSES OF DEATH? NO
iriol-tron entol Hy Item 18	OR CONTRIBUTING	CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY	DAY YEAR	21c HOW INJURY O	CCURRED (enter nature of injur	Y IN ITEM 18, PART 1 OF	(PART 2)
ond		OT WHILE AT WORK	(AT HOME, STREET, FACTORY, O	FFICE, FARM, ETC.)	STREET	6	CITY OR TOW	N CO	UNTY STATE
If Irem 21 is	sow the de	ceased alive an ve)_(did) (did nat) vie	ottended the deceased for the bady after death	19 79, on	DEGREE ATTEND	ING ME	DICAL STAF	F	tram the couses stated 20 DATE SIGNED
with the State De	221 PHYSICIAN	SNAME (TYPE OR PRIM		anco	PHYSIC 22e ADDRESS	IAN DIR	Dent	1-	05 pl.
A W W	230 BURIAL, CREMATI		36. DATE 1-15-70		METERY OR CREMAT		Balto.	COUNT	PAG .
6 60M 1/75	Samila 7		ADDRE	SS	25	o. DATE REC	1 6 1070	Sh. REGISTRAP'S	SIGNATURE

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME BLUSTEWICZ 2a DATE OF DEATH IRENE (TYPE OR PRINT) LUSIEWIUZ RENE 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) DAYS White April 11, 1936 42 Female BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore City U.S.A. Maryland CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR Good Samaritan Hospital Executive Secretary McCormick Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13b: COUNTY 130 CITY OR TOWN 13d INSIDE CITY LIMITS? 2309 Chetwood Circle Baltimore Timonium Maryland 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE Casimiera Stemkowski Wisniewski Bronislaus ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mr. Leon J. Blusiewicz 2309 Chetwood Circle 212-32-8486 No 18 CAUSE OF DEATH Enter only one cause per line for (a), (b) PART I. DEATH WAS CAUSED BY ardiorespiratory Arrest DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., IMMEDIATE CAUSE 10 ARCINOMA BREAST & PULMONARY Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF METASTASES underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20e AUTOPSY? d IN CERTIFYING CAUSES OF DEATH? be NO YES [NO F d Mentol Hyg 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH AL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 MEDIC/ 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY ō (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on and that in (my) (aur) opinion death accurred on the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED + ATTENDING MEDICAL PHYSICIAN [DIRECTOR PHYSICIAN FUNERAL MPORTANT 22d. PHYSICIAN'S HAME (TYPE OR PRINT 22e ADDRESS SAMARITAN HOSPITAL should be GEORGE 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Maryland Baltimore Sacred Heart of Jesus 1-11-1979 Burial Leonard J. Ruck, Inc. 5305 Harford Rd. Balto; Md. DHMH - 16 60M 1/75 (VR A 15 (4)) IDNO

STATE OF MARYLAND

79-00642 aconcer files as as in the least state and the second of No or the section of the section of the section of A CONTRACTOR STATE OF THE STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-00643 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH . DECEASED NAME 2b. HOUR (TYPE OR PRINT) 00 000 Narew 3. SEX 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH IF UNDER LYFAR IF UNDER 24 HR MONTH YEAR HOURS 1897 July Male Caucasian 81 Wanty Land THE CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED U.S.A. MORE WIDOWED DIVORCED [NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Union Memorial Hospital Harness Maker Self-Emp JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE DEFORE ADMISSION 113h COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 3020 Clifton Park Ter. Maryland Baltimore 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME 2 MIDDLE LAST FIRST Arthur Boemmel Walburga Jenior PRESTON ST., BALTIMORE, 160. WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) David Boemmell(son)same as No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY hock hour 5 IMMEDIATE CAUSE OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (b), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) DIVISION OF VITAL RECORDS, CERTIFICATION Anemia D 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? Mental Hygiene NON NO F ial-transit 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) Item 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 211. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE WHILE 220.1 certify that (1) this haspital) attended the deceased from sow the deceased alive an obove (1) (ve) (did) (did not) view the body after death. and that in (my) Jour) opinion death accurred on the date and hour and from the causes stated shauld be detached 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS r.D Higgin 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE Baltimore Holv Redeemer Cem. Md. Burial 250. DATE REC'D. BY REGISTRAR 255 PEGISTRAR'S SIGNATURE Schamunek Funeral 3331 Brehms Lane DHMH - 16 50M 7/77 (VR A 15 (4)) Balto.md.21213 Home. Inc.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

70-00645

11.	STATE REGISTRAR		CERTIF	CATE OF DEATH	REG. N	3 - 0	0043	
	CEASED NAME FIRST	WIDDLE	_ l	AST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	Richa	ard L.	Во	gues		Ţ	12 79	6:404
3. SE	X	4. RACE	5 DATE C	F BIRTH OAY YEAR.	6 AGE (IN YEARS LAST BI	RTHDAY	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN
	Male	Negro	5	1 16	62	YRS.	MONTHS DATS	NOOKS MIN
	IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUN	TRY? B	NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	TY OF DEATH	
	Virginia	II. S. A	WIDOWE		Balti	more	City	MD
10 €	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	JRSING HOME C		120 USUAL OCCUPA	TION	126. KIND (OF BUSINESS OR
	Baltimore	(IF NOT IN SUCH FACILITY, GIVE S	Hospi	tal	(TYPE OF WORK FOR MOST	OF WORKING	LIFE) INDUSTRY	
USU 13a	AL RESIDENCE (IF NURSING HOME OF			13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS			
	Marvland		imore	YES NO	1806 Hea		Ald Do	5.cc
	THER'S NAME			15. MOTHER'S MAIDEN NA	AWE	1,0111.1	EIG M	Dau
u.	Fdra vd	MIDDLE LAST		Cora	WIDDLE	Do	. rrai =	AST
16a V	Edward WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDI		rriz	
(E WAR OR DATES)		Alverta Qu	arles 160	19 No	rmal 7	venue
-				TIT VCT CU QC	aurics rot	75 140		OMATE INTERVAL
	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	DBY. Color	1	mai			BETWEEN	ONSET AND DEATH
	IMMEDIA	TE CAUSE (a)	200	01145		-	1000	8
	1332	DUE TO, OR AS A CONS	EQUENCE OF	. 40 /	1 . 10	. 1	1/00	v .
	Conditions, if any, which	(b) (b)	enom e	9, 14, 1	ine 4 C	MAGE	43 ///	Co
	couse (a), stoting the underlying cause last.	DUE TO, OR AS A CONS	EQUENCE OF	DATE.			120	211-
	onderlying cause last.	10) Olias	roll	melyeus			10	0-05
NO	Caccinbinas	conditions contributing	TO DEATH BUT	Supplies	MINAL DISEASE OR COM	NDITION G	IVEN IN PART 1	10
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WI	HICH OPERATIO	N WAS PERFORMED	YES NO	IN CERT	ES, WERE FINDI TIFYING CAUSE: YES (1)	
CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	VEAD	21c. HOW INJURY OCCUP	RED (ENTER NATURE OF IN)	URY IN ITEM 18	, PART (OR PART 2)	
AL	OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINER)		DAY YEAR					
MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY		21f LOCATION				
Σ	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OF	FFICE, FARM, ETC.)	STREET	CITY OR TO	NWO	COUNTY	STATE
	22a.l certify that (I) (this hasp	ital attended the deceased for	rom.	6 10 7	K 10 /	117	10 79	that (1) (we) lost
	saw the deceased olive on	1/1/	7 4	d that in (my) (or) opinian	death accurred an the	date and he	our and from the	
	abave, (I) (ye) (did) (did no	y w the bady after death.		DEGREE .				SIGNED
	Whichas	VR Zan	win	MD ATTENDING PHYSICIAN	MEDICAL ST.	AFF ICIAN 🗌	1//	2/79
	224 PHYSICIAN'S NAME (TYPE C	OR PRINT	2111	22e ADDRESS	· * · ~ · · ·	~ 1. 1	-	
	MICHAEL	P. ZIMI	2100,0	533 01	NIND PI	VUC	PU	
23a. (BURIAL, CREMATION, REMOVAL	. 23b. DATE	23t. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
,	Burial	1/ 16/79	Arbuti	is Mem. Par	14 2 2 1	IS ,	Maryla	
24 F	UNERAL DIRECTOR	ADDRES		25a. DA	TE REC'D. BY REGISTRA		BAR'S THE	Crealy
	Wm. C. March			th Ave. JA	N 1 6 1979	1		. /
		,				-		

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.

Bruzdzinski Funeral Home PA 1407 Old Eastern Ave.

FOR

- STATE

(VRA 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	1.	FOR - STATE REGISTRAR	DEPAR		EALTH AND MENTAL HYG	IENE 7 G	-0064	7
		CEASED NAME FIRST	WIDDLE		AST	20. DATE OF DEATH MON	TH DAY YEAR	26 HOUR
		LAUR	RA MAE	BOH	RER	1	26 79	17:40
	3. SE	area .	4. RACE	S. DATE C		6. AGE (IN YEARS LAST BIRTHDA	MONTHS DAYS	HOURS M
		Female	hite	teb.		73	YRS	
SI		RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	MARRIE	D NEVER MARRIED	9. BALTIMORE CITY OR C		
EX X	10 C	• Va•	11. NAME OF HOSPITAL, NURS	WIDOWE		120 USUAL OCCUPATION		OF BUSINESS
	R/	LITIMORE	(IF NOT IN SUCH FACILITY, GIVE STRI	HOS PI	TAL	onvalescent	PRKING LIFE) INDUSTRY	
on the same		AL RESIDENCE (IF NURSING HOME STATE 136 COL	OR OTHER INSTITUTION, GIVE RESIDENCE BER JNTY 13c. CITY OR TO		134 INSIDE CITY LIMITS?	130. STREET ADDRESS	St. Balto.	Md.
and of	14. F.	ATHER'S NAME	MIDDLE 14 C LAST	, 1	15. MOTHER'S MAIDEN NA/	ME	LAS	ST
3) OC		Unknown	Mclonal		Pariha	ADDRESS	i'c ona	ld
medico	160 (WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	6468 .	12. John E. Bohi	ren, Same as a	bove	
the .		18 CAUSE OF DEATH (Enter of	only one cause per line for (a), (b),	ond icin	4 2			IMATE INTERV.
even		PART I. DEATH WAS CAUS	ATE CAUSE (a) Cerel	ral	vefarelen			
notic		431-	DUE TO, OR AS A CONSEC	UENCE OF	000			
roor		Conditions, if any, which gove rise to immediate	(b) were	cerel	eral hem	ornage		-
3ther		couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEC	DUENCE OF		0		
, 0,		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITI	ON GIVEN IN PART 10	a)
Cinlus	NO O	Salar Laus R	neumon	ce				
any any	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED		Ib. IF YES, WERE FINDING CAUSES	
Smod /	E E				0.100085.2396	YES NO	YES	NO 🗆
58 6		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	216 TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN	ITEM 18, PART 1 OR PART 2)	
E /	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	R) P.M.	19	211 LOCATION			
orked ar	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY	STA
E s	1	saw the deceased alive a	pital) attended the deceased from	70	nd that in (my) (our) apinion	death occurred an the date		that (I) (w
em 2	1	obove, (I) (we) (did) (did r	nat) view the body after death.	2	DEGREE		226. DATE	
± ±	1	Phur	ram saux	MID	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	L 1/2	46/20
IMPORTANT:		224 PHYSICIANS NAME (TYPE	ORPRINT) C		220 ADDRESS 1-1	Agues Hos	pitel !	1 (
≦	23a.	BURIAL, CREMATION, REMOVA		NAME OF	EMETERY OR CREMATORY	23d LOCATION	COUNTY	SŢĄŢ
-		Durial	Jan. 29, 1979	armony		Partinsburg.		0.7.V
7	24. F	UNERAL DIRECTOR	Home, 130 E. FORT	Aug R	11. 111	E REC'D. BY REGISTRAR 25b.	REGISTRAR'S SIGNAT	URE
	, iC	acce i we war	Tolle, 100 (of orac	INC. TY	Mu. In.	1 2 () 1070	MATERIAL PORCE	Model

19-00647 1110 300011114E DALTIMORE ST ABNES WOSPITAL Constand of Lander a interconstitute the constitute is STANDARD STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE OF DEATH 2h HOUR (TYPE OR PRINT) LNNO AGE (IN EARS LAST BIRTH AY) IF UNDER 24 HRS MONTH ISTATE OR FOREIGN BALLIMORE CLTY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED 11. NAME OF WN OF DEATH HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY MARYLAND 2120 COUNTY timore YES X NO d 2 sh 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST 160 WAS DECEASED EVER IN U.S. ARMED FORCES?
(YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 12 INFORMANT APPROXIMATE INTERVA 18 CAUSE OF DEATH Enter only one cause per line for poly, ib, and ic PART I. DEATH WAS CAUSED BY-Cornari 201 W. PRESTON ST., IMMEDIATE CAUSE IO DUE TO, OR AS A CONSEQUENCE OF GLIS. Arturo Relivano Conditions, if ony, which gave rise to immediate Derhite couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF oth underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 70n AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [NO [710 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION 0 (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK ATWORK 220 I certify that (I) (this hospital) attended the deceased from. _, that (I) (we) lost sow the deceased olive on_ _, and that in (my) (aur) apinian death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did nat) view the body ofter death. 22b. SIGNATURE DEGREE 22c. DATE SIGNED Magne 10-ATTENDING MEDICAL STAFF should be dete with the Stote IMPORTANT: I PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS R.S. MAGNO. BALA. 2/222 0 230 BORIAL, CREMATION, REMOVAL 236 NAME OF GEMETERY OR CREMATORY 23b. DATE STATE COUNTY BP 250, DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 1/75 B (VRA 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR Middle I. DECEASED NAME 20. DATE OF DEATH MONTH 7h HOUR page 3 TYPE OR PRINTS 6.30 D fone IF UNDER 1 YEAR IF UNDER 24 HRS & AGE UN YEARS LAST BIRTHDAY 3 SEX 4 RACE 5 DATE OF BIRTH DAYS MONTH YEAR HOURS acl 1599 TE CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED MARILLANd DIVORCED WIDOWED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR CITY OF TOWN OF DEATH 12ª USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Duetumore Theran USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 13LCITY OR TOWN balt umores YES TV NOF lano 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MARION ADDRESS 17 INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO. (YES, NO OR UNKNOWN) I HE YES, GIVE WAR OR DATEST APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PARTI DEATH WAS CAUSED BY cordiac arnes IMMEDIATE CAUSE (0) Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) DIVISION OF VITAL RECORDS, IFICATION 20b. IF YES, WERE FINDINGS USED 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 190 DATE OF OPERATION à IN CERTIFYING CAUSES OF DEATH? NOV YES [NO [CERTI Hygie 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21f. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY 50 CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AAHH E NOT WHILE AT WORK AT WORK 22a I certify that (1) (this haspital) attended the deceased from_ . 19_____, that (I) (we) last sow the deceased alive on_ , and that in (my) (our) apinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 22c. DATE SIGNED 22h, SIGNATURE DEGREE uwanasa ATTENDING MEDICAL STAFF * FUNERAL I PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22e ADDRESS 22d PHYSICIAN'S NAME LTYPE OF PRINT 0 23r NAME OF CEMETERY OR CREMATORY 23d LOCATION 230. BURIAL CREMATION, REMOVAL 23b. DATE BP AXLICITI 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNAT 24 FUNERAL DIRECTOR DHMH - 16 50M 7/77 (VR A 15 (4)) 1721.27 N. MOMES

BP. DHMH - 16 50M 1/76

(VR A 15 (4))

STATE OF MARYLAND

79-00650

I DE	REGISTRAR ECEASED NAME	FIRST	MIDDLE		ICATE OF DEATH	REG. NO	ONTH DAY YEAR	R 25 HOUR
(TYP	PE OR PRINT)	lliam	Kenneth		Borig			930
3. SE		4 RACE	verme ou	5. DATE C		January 2		
	Male	Whit	e		-3-20 YEAR	<i>5</i> 8	YRS.	
7a. B	BIRTHPLACE ISTATE OR FORE		S.A.	8 MARRIEI WIDOWE	D NEVER MARRIED DIVORCED	Balto. Ci		1
	Balto.	Merc	y Hospital	ADDRESS)	DR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Engineer	WORKING LIFE) INDUST	Teleph
	JAL RESIDENCE (IF NURSING STATE Md.	Balto	ion. Give residence befor 13c CITY OR TOW Balto	E ADMISSION) /N	13d INSIDE CITY LIMITS? YES NO K	13e STREET ADDRESS	Shiel Rd.	
	ATHER'S NAME FIRST William	Frank	Borig		15. MOTHER'S MAIDEN NA/ FIRST Emily	WIDDLE	Mann	LAST
160	WAS DECEASED EVER IN (YES, NO OR UNKNOWN)	U.S. ARMED FORCES IF YES, GIVE WAR OR DATES			Audrey V. Bo	ADDRES		D.a
	18 CAUSE OF DEATH PART I. DEATH WAS	Enter only one couse S CAUSED BY. AMEDIATE CAUSE (a)				retion	BETW	ROXIMATE INTERVA
	410-		ORAS A CONSEQUI		alu a com		Suc	Iden
NO	Conditions, if only, vigore rise to immercouse 101, stating underlying couse	which diate the lost DUE TO	Coronar Hyperten	HOGOF SIVE	alkres sclere NOT RELATED TO THE TERM	fu cardiou	rascular	20 yr
TIFICATION	gove rise to immer couse (a), stating underlying cause	which diate the lost CONDITIONS	Coronar Hyperten	HOGE SIVE OF DEATH BUT	arkrio scless	FU CUIDION INAL DISEASE OR CONO 200 AUTOPSY? YES NO	rascular	20 yr
CAL CERTIFICATION	gove rise to immer couse (o), stating underlying cause	which digite the lost DUE TO LOST CONDITIONS DN 19b COI LYING 12b TM HOUR	ORAS A CONSTOU Hyphisch CONTRIBUTING TO	NCE OF SIVE (arkrio scless	200 AUTOPSY? YES NO	PASING TO THE PART OF THE PART	20 yr.
MEDICAL CERTIFICATION	gove rise to immer couse (o), stating underlying cause PART 2 OTHER SIGNIF 190 DATE OF OPERATIO 210. ACCIDENT WAS UNDER OR CONTRIBUTING CAL	which digite the lost DUE TO LETO DUE TO	ORAS A CONSPOND ORAS A	DEATH BUT OPERATION AY YEAR 19	NOT RELATED TO THE TERM	200 AUTOPSY? YES NO	200. IF YES, WERE FIN IN CERTIFYING CAU YES YIN ITEM 18, PART 1 OR PART	20 yr.
	gove rise to immer couse (a), stating underlying cause PART 2 OTHER SIGNIF 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER, NOTHY MEDICAL E AT WORK 21d. INJURY OCCURRET WHILE AT WORK 22a. I certify that (I) (b) sow the deceosed obove, (I) (was idded)	which digite by the lost of th	ORAS A CONSPOUNT ORAS A	DEATH BUT OPERATION AY YEAR 19 FARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c HOW INJURY OCCURS 21f LOCATION STREET 19 4 that in (my) (aug) opinion	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJURY) CITY OR TOWN	20b. IF YES, WERE FIN IN CERTIFYING CAU YES VINITEM 18, PART I OR PART COUNTY Te and hour and from	Zoyu
	gove rise to immer couse io, stating underlying cause PART 2 OTHER SIGNIF 190 DATE OF OPERATIO 210. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF ETHER, NOTIFY MEDICAL E AT WORK 270. I certify that (I) (IV ALL OR OR ON THE OR	which digite the lost DUE TO	ORAS A CONSPOUND OF THE PROPERTY OF THE PROPER	DEATH BUT OPERATION AY YEAR 19 FARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 216 HOW INJURY OCCURE 216 LOCATION STREET 19 10 d that in (my) (auc) opinion of the complete opinion opin	200 AUTOPSY? YES NOW CITY OR TOWN deoth occurred on the do	20b. IF YES, WERE FIN IN CERTIFYING CAU YES YES COUNTY COUNTY Te and hour and from 120. D.	Zoyu
MEDICAL	gove rise to immer couse io, stating underlying cause PART 2 OTHER SIGNIF 190 DATE OF OPERATIO 210. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF ETHER, NOTIFY MEDICAL E AT WORK 270. I certify that (I) (IV ALL OR OR ON THE OR	which digite be less than the lost of the	ORAS A CONSPOUND OF THE PROPERTY OF THE PROPER	DEATH BUT OPERATION AY YEAR 19 FARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 216 HOW INJURY OCCURE 216 LOCATION STREET 19 19 10 11 12 12 13 14 15 16 17 18 18 18 18 18 18 18 18 18	200 AUTOPSY? YES NOW CITY OR TOWN deoth occurred on the do	20b. IF YES, WERE FIN IN CERTIFYING CAU YES YES COUNTY COUNTY Te and hour and from 120. D.	Zoyu

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AND DESCRIPTION	oel 008r		at.car	Bultsa	.5.0
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		. remine di	15-11-4E		21.

DHMH - 16 50M 1/76 (VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

40-	1.	FOR - STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	GIENE REG. N	9 - 0	065	1
		CEASED NAME FIRS		MIDDLE	70	RISH		N. 2	3,/979	26 HOUR
	3 SE	FEMALE	4 RACE WH]	ITE	5. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIRT	14/	ONTHS DAYS	IF UNDER 24 HRS HOURS MIN
25	C	IRTHPLACE ISTATE OR FOREIGN COUNTRY) PENNSYLVANIA	U.S	WHAT COUNTRY?	WIDOWE		9 BALTIMORE CITY O	RE CIT	Υ	MD.
My stiffied	1	BALTIMORE	3816 N	HEACILITY, GIVE STREET	S RD.	OR OTHER INSTITUTION	120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O HOUSEWIF	F WORKING LIFE)		OME
\$35	130 S	MARYLAND	ME OR OTHER INSTITUTION OUNTY	BALTIMO	/N	13d. INSIDE CITY LIMITS? YES 🛣 NO 🗌	13e STREET ADDRESS 3816 MIDHE	IGHTS	RD. #	21215
Of Security		ABRÄHAM	WIDDLE	HANDELS		EVA	WIDDLE		ROSS	MAN
nt, the medico	16a V	WAS DECEASED EVER IN U. YES, NO OR UNKNOWN) (IF YE	ARMED FORCES?	220-30		MR. SEYMOUR	BORISH 3816			
ony injury, ar other troumatic	ATION	Canditians, if any, which gove rise to immediate cause (a), stating the underlying cause loss PARTS OTHER SIGNIFICATION INTO DATE OF OPERATION	DUE TO, O	acci	ENCE OF	NOT RELATED TO THE TERM N WAS PERFORMED	NINAL DISEASE OR CONI		N IN PART 10	
18 shows of	CERTIFICATION	2)a. ACCIDENT WAS UNDERLYIN			·	21c. HOW INJURY OCCUR	YES NO	IN CERTIFY YES	ING CAUSES	
MPORTANT: If Item 21 is marked a litem 18	MEDICAL C	OR CONTRIBUTING CAUSE (OR CONTRIBUTING CAUSE (OR CONTRIBUTING CAUSE (OR CONTRIBUTING CAUSE (OR CONTRIBUTION CAUSE	P DEATH HOUR A. INER) 21e. PLACE (AT HOME, STE	M. MONTH D, M. OF INJURY REET, FACTORY, OFFICE, F	19	211. LOCATION STREET 19 Id that in (my) (aur) apinian DEGREE WAT ENDING PHYSICIAN	CITY OR TOV	in , 1 ate and haur	COUNTY 9 9 9 9 ,	
PORTAN	(DR. KAREN	YPE OR PRINT) LICHTENF	IELD		22e ADDRESS	L VEDERE AV			
≥	(BURIAL, CREMATION, REMO SPECIFY) BURIAL UNERAL DIRECTOR S	23b. DATE 1-24- OL LEVINSO	79 AR	LINGTO	EMETERY OR CREMATORY ON - CHIZUK AMUR	23d. LOCATION CITY OR TOWN BALTIMOR EXEC'D. BY REGISTRAR	E 256 REGISTR	AR'S SIGNAT	MD URE

MD 21215

BALTO

6010 REIS'TERSTOWN RD

NAME: Brian Neil Borsetti

DATE OF DEATH: January 5, 1979

PLACE OF DEATH: Baltimore City

SEE: #79-03337

February, 1979 Baltimore City





STATE OF MARYLAND 79-00652 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20. DATE OF DEATH 2h HOUR I DECEASED NAME (TYPE OR PRINT) 8 6:10 AGE (IN YEARS LAST BIRTHDAY) 3 SEX White HOURS 1907 BALTIMORE CITY OR COUNTY OF DEATH WHAT COUNTRY STATE OR FOREIGN MARRIED NEVER MARRIED Maryland DIVORCED 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) Banking Clerical NCF (IE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY MIDDLE TAYLOR ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMAN 16b SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) JR. 18. CAUSE OF DEATH lEnter only one couse per line for io., ib., and ic.
PART I. DEATH WAS CAUSED BY RESPIRATOR MIN IMMEDIATE CAUSE 10 CONGESTIVE HEART FAILURE Conditions, if any, which gove rise to immediate couse to), stoting the underlying cause lost CANCER PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOF YES NO [21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21f LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY STREET CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on JAN , and that in (my) (our) apinion death accurred on the date and hour and from the causes stated (A) (we) (did) (did not) view the body ofter death DEGREE 22c. DATE SIGNED + ATTENDING MEDICAL FUNERAL uld be deta PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22e ADDRESS 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL, CREMATION, REMOVAL (SPECIFY) Druid Ridge Cemetery Baltimore Burial Maryland 24 FUNERAL DIRECTOR 25g, DATE REC'D, BY REGISTRAR 25b, REGISTRAR'S DHMH - 16 60M 1/75 (VR A 15 (4)) Baltimore Maryland Leonard J. Ruck, Inc.

79-00652 F377-1-1 THE THE SET WITH THE THE REPORT OF THE PARTY OF THE STATE OF THE PROPERTY OF THE P A A LOS LOS DE LA CAME DE LA CAME FLANTAL MARKET PROTECTION SOLVED HALFARDE The an early of a later or that WALLA COLUMN THE REST OF THE PARTY OF THE PA PAGE TO STREET THE STREET THE GOVERNMENT. and the second of the FAIRBURG TO RUN TOS FAS HASS TO BEET ROBERT terial comments of 1970 from the Comment of the com The transfer of the state of the state of the state of

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME LAST 20. DATE KNOWN (TYPE OR PRINT) ESTI-OF Addelbert FUNERAL DIRECTOR. 5 FOR YOUR FILES. 5, WITHIN 72 HOURS W. PRESTON STREET. Boston DEATH MATED 11 10 79 3 SEX 4 RACE 5. DATE OF BIRTH A AGE IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DAY YEAR 2d HOUR DATE DAY YEAR LAST BIRTHDAY PRONOUNCED :23 A M Female. Black 11 10 79 DEAD To BIRTHPLACE 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED FOREIGN COUNTRY Baltimore City, DIVORCED WIDOWED D CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a, USUAL OCCUPATION (TYPE OF WORK 17b. KIND OF BUSINESS PAGE OR INDUSTRY FNOT IN SUCH FACILITY, GIVE STREET ADDRESS)
1714 N. Broadway Baltimore BE VITAL RECORDS USUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION SHOULD 13g STATE 113h COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRE 14. FATHER'S NAME NA A MIDDLE AND 01 EN JO NO! 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166. SOCIAL SECURITY NO PAGES IYES, NO. DRINKNOWN) I HE YES GIVE WAR OR DATES! CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY BURIAL-TRANSIT PERMIT IND MENTAL HYGIENE, IN, OR REMOVAL. Arteriosclerotic Cardiovascular Disease IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. AND SED AS A BUR HEALTH AND CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) MEDIC CERTIFICATION USED 19a. DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2B AUTOPSY? OF YES | NO S E 3 SHOULD BE E DEPARTMENT (PRIOR TO BURLA BE 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR YEAR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME. 211 LOCATION STREET, FACTORY, FARM, ETC 1 STATE CITY OR TOWN COUNTY WHILE STATE C AT WORK NOT WHILE AT WORK Inspection X 220. I certify that I taak charge of the remains described above, held an Autapsy DIRECTOR MARYLAND, death resulted fram: Natural causes Accident Hamicide Undetermined manner WITH SHOULD TITLE (SPECIFY) ACTUAL 1/11/79 TO FUNERAL DAFTER DEATH, A DATE Assistant SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Virginia L. Dolan, M.D. 111 Penn Street (TYPE OR PRINT) 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY, COUNTY STATE 24. FUNERAL DIRECTOR RECISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5)) 30M 7/73

	1	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HY ICATE OF DEATH	GIENE 7		10034	
be 3 eath	1. D	CEASED NAME Clarence	е	MIDDLE	Boyd	AST	20. DATE OF DEATH	нтиом	DAY YEAR	1:45A
you go	3. S	X	4 RACE		5 DATE C		6 AGE (IN YEARS LAST BIR	(HDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
y off		Male		Black	12	23 VEAR 08	70	YRS.	MONTHS DAYS	HOURS MIN
death Page 4 may be from order of the foot		IRTHPLACE (STATE OR FOREIGN COUNTRY) Unkn.	76 CITIZEN OF	F WHAT COUNTRY?	8 MARRIE WIDOWE	NEVER MARRIED	9. BALTIMORE CITY O	R COUNT		
offer of the offer	10 0	ITY OR TOWN OF DEATH Balto.	11. NAME OF	HOSPITAL, NURSIN UCHFACILITY, GIVE STREET A ident Hosy	G HOME C	R OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O	ION	12b. KIND O	of BUSINESS OR
AND 2120	130.	AL RESIDENCE (IF NURSING HOME STATE 136 CO	OR OTHER INSTITUTIO		ADMISSION)	13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS.	. Car	ey St.	
MARYLA ed within mpletely f and 2 sho	14. F	ATHER'S NAME FIRST Unkn.	WIDDLE	LAST		15. MOTHER'S MAIDEN NA UNKn.	AME		ŁAS	šŤ
IMORE, oe execut n and co Pages 1	160	WAS DECEASED EVER IN U.S. (15 YES, NO OR UNKNOWN) (16 YES, C	ARMED FORCES? GIVE WAR OR DATES!	219-01-6		17 INFORMANT	ADDRE	SS		tine and
physicia inpapers moval.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	anly ane couse pe SED BY: IATE CAUSE (a)	er line for (a), (b), and	2916	pivatory AV	red		BETWEEN	MATE INTERVAL ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours cattending physician and campletely filled in by as the burial-transit permit. Then please remave corbanoppers. Pages 1 and 2 should be file that and Mental Hygiene prior to burial, cremation, or remaval.	NO	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN	(b)	OR AS A CONSEQUE	NCE OF	Acinoma of A	t alzorg	DITION G	IVEN IN PART 1(c	01
TAL RECOR	CERTIFICATION	19a. DATE OF OPERATION	196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	IN CERT	ES, WERE FINDING IFYING CAUSES	NGS USED OF DEATH?
N OF VITA SICIAN: Ti mg physicin certificate urial-transit fem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LETTER, NOTIFY MEDICAL EXAMIN	DEATH HOUR A	OF INJURY A.M. MONTH DA P.M.	Y YEAR	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJUI	RY IN ITEM 18.	, PART 1 OR PART 2)	
IVISION JG PHYS offendin ter this of the bund me hand me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE, FA	ARM, ETC.)	211 LOCATION STREET	CITY OR TO	٧N	COUNTY	STATE.
OR ATTEND e hospital as DIRECTOR: A ched faruse Dept. of Heal	200	22a I certify that (I) (this has saw the deceased alive above, (I) (we) (did) (did 22b. SIGNATURE	on	y ofter death.		, 19 d that in (my) (aur) apiniar DEGREE ATTENDING	MEDICAL STA	FF .		A 1744
TO HOSPITAL retained by the TO FUNERAL should be detain with the State IMPORTANT. If		27d PHYSICIAN'S NAME (17PM	ORPRINT)			22e ADDRESS	DIRECTOR PHYSIC		1,1,1	
(1) BP	L	BURIAL, CREMATION, REMOVA (SPECIFY) Removal	1/4/79		IAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	0	COUNTY	STATE
DHMH - 16 50M 7/77 (VR A 15 (4))		UNERAL DIRECTOR	5 W Bal	ADDRESS	Balto	250. DA	TE REC'D. BY REGISTRAR	25b. REGIS	STRAR'S SIGNAL	UREdy

STATE OF MARYLAND

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DIVISION OF VITAL

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DHMH - 16 50M 7/77 (VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	FOR STATE REGISTRAR		DEPARTM		EALTH AND ME		ENE REG.	9-01	0656	3
3		CEASED NAME FIRST		WIDDLE	i	AST		20 DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
9		Fanni	е	S.	Brac	lley			1-21-	- 79	6:30A
	3 SE)	X	RACE		5. DATE C			6. AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS
3		Female	Bl	ack	MONTH		98	80 ye	ars.	NTHS DAYS	HOURS MIN
1		RTHPLACE STATE OF FOREIGN		WHAT COUNTRY?	8 MARRIEI	□ NEVER MA	RRIED 🗆	9. BALTIMORE CITY O	R COUNTY O	F DEATH	
		outh Carolina		S.A.	WIDOWE	DNO	RCED 🔲	CI	4		MD.
2			11. NAME OF (IF NOT IN SUC House	HOSPITAL, NURSING THEACILITY GIVE STREET A In The	G HOME C	Belve		12a. USUAL OCCUPATI (TYPE OF WORK FOR MOST O		12b. KIND O INDUSTRY	FBUSINESSOR
		AL RESIDENCE (IF NURSING HOME OR ITATE 136 COUN		, GIVE RESIDENCE BEFORE		113d INSIDE CITY	I III A I I I I I I I I I I I I I I I I	13e. STREET ADDRESS			
5		Maryland	, ,	Baltimo			0 🗆		Fulto	n Ave	DUIG
1		THER'S NAME		2-11-11-11	1144	15 MOTHER'S M		E		1-0	
1/2		Thomas	IDDLE	Brailev		Fan	nie	MIDDLE	Dy	1AS	ī
	16a V	VAS DECEASED EVER IN U.S. ARA	AED FORCES?	166 SOCIAL SECUI	RITY NO.	17 INFORMANT		ADDRE		/E	
		res, no or unknown) NROWN (IF YES, GIVE	WAR OR DATES)	208-07-	-0328	Marie	Dunl	ap 1127 1	North	Fulto	on Ave.
	48	18 CAUSE OF DEATH (Enter on								BETWEEN	MATE INTERVAL
		PART I. DEATH WAS CAUSED IMMEDIATE	CAUSE (O)	rterios	cler	otic Ca	rdiov	ascular D	iseas	e ye	ars
	38	4799	DUE TO, O	R AS A CONSEQUE	NCE OF						
		Conditions, if ony, which	(b)_	CVA		12 5th U				ye	ars
		gove rise to immediate couse (a), stating the	DUE TO, O	R AS A CONSEQUE	NCE OF						
3		underlying couse lost	(c)								
ě	NOI	PART 2 OTHER SIGNIFICANT C	onditions <u>c</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE OR CON	DITION GIVEN	V IN PART 1(c	01
1	CERTIFICATION	19a DATE OF OPERATION	196. COND	ITION FOR WHICH	OPERATIO	WAS PERFORM	NED	200 AUTOPSY?		WERE FINDIN	
2	ERT	71a. ACCIDENT WAS UNDERLYING	21b. TIME C	OF INJURY		21c HOW INJU	RY OCCURRE	D (ENTER NATURE OF INJUI		T	NO []
1		OR CONTRIBUTING CAUSE OF DEAT	7	M. MONTH DA	Y YEAR					,	
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY		211. LOCATION					
	ME	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY, OFFICE, FA	ARM, ETC.)	STREET CITY OR TOWN COUNTY				STATE	
		220.1 certify that (1) (this hospital			/Feb	1 ,	19_74	, to Jan	21 , 19		that (I) (we) last
		sow the deceased alive on above. (I) (we) (did) (did not		ofter death.	79_, or	d that in (my) (a	ur) opinion di	eoth occurred on the de	ote and hour a	and from the	couses stoted
		22b. SIGNATURE	1	0	1	DEGREE				22c. DATE	SIGNED
		A. a	for a		2mg) PH'	ENDING YSICIAN	MEDICAL STAI		1/2	2/79
		Dr. Leon Koc				10 St	onehe	enge Circl	le	2120	8
	23a. B	SURIAL, CREMATION, REMOVAL	236. DATE	23c. N	IAME OF C	EMETERY OR CRE	MATORY	23d. LOCATION			
	(5	Burial		/79 Arl	outus	Mem.	Park	Arbutus		rylar	nd STATE
	24. FL	UNERAL DIRECTOR		ADDRESS	1000		25e. DATE	REC'D. BY REGISTRAR		AR'S SIGNAT	RE
	W	m. C. March	F/H 11	01 East	Nort	h Ave.	JAI	V 2 5 1979	purpo	7/100	7)

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		min and of o	ltimore didoug	DR.
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QV IS NO.				

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME MIODIE 2g. DATE OF DEATH 2b. HOUR LTYPE OR PRINTS NNE 4 RACE 3. SEX 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF LINDER LYEAR MONTH 7a. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED [ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS WORK FOR MOST OF WORKING LIKE! State of Md. Retired uld be USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE MAG COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE A. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mr. Wm. H. Conroy, Sr. 802 Shelley Rd. no 18 CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c) PART I. DEATH WAS CAUSED BY: astatie IMMEDIATE CAUSE (a) PRESTON DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying cause last. ā PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g DIVISION OF VITAL RECORDS, **IFICATION** 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [NO I 710. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from FUNERAL DIRECTOR sow the deceased olive on_ and that in (my) (our) opinion death accurred an the date and haur and fram the causes stated obove, (1) (we) (did) (did not) view the body after death 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF should be deto with the Stote IMPORTANT: I PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS CHAKKRIS 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE Baltimore. New.Cathedral Cem. Maryland Burial 24. FUNERAL DIRECTOR Edmondson Ave., Catonsville, Me DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 7/77 (VRA 15 (4)) Witzke Funeral Home of Catonsville, P.A.

BALTO

UNKNOWN - CONTRACTOR OF THE PROPERTY OF THE SHORT OF THE SHOT OF THE SHORT OF THE SHORT OF THE SHORT OF THE SHORT OF THE SHOT OF THE SHORT OF THE SHORT OF THE SHORT OF THE SHORT OF THE SHOT OF THE SHORT OF THE SHORT OF THE SHORT OF THE SHORT OF THE SHO

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	1			STATE OF MARYLAND		
	1.	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 7.9 -	00658
		CEASED NAME FIRST PRINT)	MIDDLE M	BRAILSFORD 15. DATE OF BIRTH	20. DATE OF DEATH MONTH 20. DATE OF DEATH MONTH 6. AGE (IN YEARS LAST BIRTHDAY)	DAY YEAR 26 HOUR 9 12 9 12 9 12 9
rector urs offe	3. 30	F	W	MONTH DAY 18 YEAR	(O YRS.	MONTHS DAYS HOURS MIN.
neral di in 72 hor of once.		RTHPLACE (STATE OR FOREIGN OUNTRY) M D	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTE.	OF DEATH
by the further of filed within		BALTE	BALTE. C	ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	126 KIND OF BUSINESS OF INDUSTRY AIR CRAFT
tilled in thould be	130. 3	MD BA		N 138 INSIDE CITY LIMITS?	13e STREET ADDRESS	LD CT
Complete!	6		DDA7 LAST	15 MOTHER'S MAIDEN NA FIRST ELIZABE	MIDDIE	LAST U
S. Poges			RMED FORCES? 16b SOCIAL SECU 3 76 CS	S380 JAMES	BRAILS FORD	ABOUT
td by the ottending physic lease remove carbonpape ral, cremotion, or removal or other froumatic event, th		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE (b) COCON DUE TO, OR AS A CONSEQUE (c) A CONSEQUE	ARY ARTERY C.V.D,		APPROXIMATE INTERVAL 8ETIMEEN ONSET AND DEATH
been signe mit. Then p prior to bur ony injury,	CERTIFICATION	PART 2. OTHER SIGNIFICANT	tensian, Lyn	DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED	206 AUTOPSY? 206. IF YES	, WERE FINDINGS USED
cote has ronsit per Hygiene 18 shows		218. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MONTH DA	21¢ HOW INJURY OCCUR		YING CAUSES OF DEATH? S NO ART 1 OR PART 2)
s the buriol-tr ond Mental	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE:
CTOR: Afi		sow the deceased alive or	ital) attended the deceased from	, 19, ond that in (my) (our) opinion	, to, death occurred on the date and hou	19, that (II (we) lose ond from the causes stated
RAL DIRE		22b. SIGNATURE	early mp	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	1/29/29
O FUNERAL hould be detailed the State		22d. PHYSICIAN'S NAME (TYPE OF HE)	SALY	BEH		

230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE

23d. LOCATION CITY OF TOWN HILL

MD

COUNTY

STATE

24 FUNERAL DIRECTOR 250. DATE REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE ADDRESS 300

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

R HOSPITAL 18 1/29/19 B STORY OF THE PRINCE SHEET THE PRINCE OF THE CONTROL OF THE S. STINKE OF THE WASHINGTON A PRESENT. CARCOLINE OF THE LOCKET The property of the second J.E. CONNELLY 300 MACE

79-00660 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR (Snider) Maiden name DATE OF DEATH MONTH 1. DECEASED NAME MIDDLE 2h HOUR (TYPE OR PRINT) K. 27.1979 LINDA BRETT JANUARY 6. AGE (IN YEARS LAST BIRTHDAY) 3 SEX 4 RACE 5 DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS MONTH VEAR DAYS White 26. 1950 Female 29 years Jan. TO BIRTHPLACE ISTATE OR FOREIGN 74 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED XX NEVER MARRIED West Virginia U.S.A. BALTIMORE CITY WIDOWED DIVORCED [ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR JE NOT IN SUCH FACILITY GIVE STREET ADDRESS (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY AGNES HOSPITAL Reconciler 1st National BALTIMORE, MARYLAND 21201 BALTIMORE ASUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 130 STATE 136 COUNTY 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 0 2928 Stranden Rd. Baltimore Md. YES XX NO [21230 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE Snider Juanita Short Okev ADDRESS 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 21230 (YES NO OR LINKNOWN) I HE YES, GIVE WAR OR DATEST 216-52-9094 Mr. Michael R. Brett. 2928 Stranden Road No APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY RONCHOPNEUMONIA DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF PULMONARY E DEMA Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying couse lost. 20 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1161 NO CERTIFICAT 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO shov the buriol-tronsit and Mental Hygi 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER! 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION 0 (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from_ saw the deceased alive an_ and that in (my) (aur) opinion deoth occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did nat) view the bady after death 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF should be deta with the State E DIRECTOR PHYSICIAN PHYSICIAN | MPORTANT 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS MORTON M.D. CATON AVVF - BAITO 230. BURIAL, CREMATION, REMOVAL (SPECIFY) 23h DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE 1/29/79 Loudon Pk. Crematory Baltimore City, Cremation ADDRESS Balto., Md. 2122 SSB. DATE REC'D. BY REGISTRAR 25b. RE 24 FUNERAL DIRECTOR DHMH - 16 50M 7/77 (VR A 15 (4)) Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

STATE OF MARYLAND

accts on . Wille Box Hotis Res

REET MOREON, M.D.

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or ottending physician.

moy be

executed within 24 hours ofter death. Page

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the Toneral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 hours ofter death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IAPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event, the

STATE OF MARYLAND FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. No. 9 - 00661

		REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	2 -	0000	1
		CEASED NAME FIRST	WIDDLE	L	AST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
		Charles	R	B	rewer		un á	26 74	11-25PM
	3. SE)		4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTI	HDAY)	MONTHS DAYS	HOURS MIN.
		Male	White	reb.	21, DAY 918 YEAR	60	YRS.	MOITING DATE	Mark.
70		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? B	NEVER MARRIED	9 BALTIMORE CITY O	R COUNT	Y OF DEATH	
1	11	eron. Ohio	115.1	WIDOWE		BAltim	100-	: City	MD.
		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS		OR OTHER INSTITUTION	120 USUAL OCCUPATE			F BUSINESS OR
14	B	A timore	(IF NOT IN SUCH FACILITY, GIVE STREE	MO () B	.41 Hospital	Interview		IFE) INDUSTRY	Lort.Co.
1		AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEFO	DRE ADMISSION)				a a a a a a a a a a a a a a a a a a a	recourt v
5		ryland 196 COUN	13. CITY OR TO	re	YES NO NO YES	1200 Dean	reek	Dr. Dune	lalk
А.	14 FA	THER'S NAME	MIDDLE EAST		15. MOTHER'S MAIDEN NAM	WE		LAS	ST.
1		Villiam	H. Brewe	2	Marie			lan	1
A		VAS DECEASED EVER IN U.S. AR		CURITY NO.	17 INFORMANT	ADDRE	SS		TETET
4	()	(IF YES, GIVE	214-14-	1847	Mrs. Elvera D.	Brewer, Same	e as		MATE INTERVAL ONSET AND DEATH
		Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause last.	DUE TO, OR AS A CONSEQ (c)	UENCE OF	embolism Te Cancer (
9	NO	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONL	DITION GIV	VEN IN PART 16	3)
2	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20€ AUTOPSY?	IN CERTI	S, WERE FINDIN	
7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18,	PART 1 OR PART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC.)	21f LOCATION STREET	CITY OR TOW	12	COUNTY	STATE
			ottended the deceased from 5ah. 4 19.		22 19 18 nd that in (my) (our) apinion (to Jen death occurred on the do	2 6 ste and ho		that (1) (we) last causes stated
		Tech SIGNATURE	Blank	10	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F IAN A	22c. DATE	SIGNED
1		Veita J	Bland N	(D.	22e ADDRESS	Memoria	ul	Hosp.	tal
	23e. B	BURIAL, CREMATION, REMOVAL	7 /		emetery or crematory	23d. LOCATION BOULDON	2 (0	COUNTY MAIL	ruland
	14 EI	JNERAL DIRECTOR	100.30,1979		[250 DAT	E REC'D. BY REGISTRAR	0		0
ħ	id	why runeral H	130 E. Forest	Ave.Ba	lto.Md. JA	N 3 0 1979	Riv	try hel	Preody
			, 110					1.00	

DHMH - 16 50M 7/77 (VR A 15 (4))

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		CERTII	ICATE OF DEATH	REG. N	7 - n n	1007	
		CEASED NAME FIRST	MIDDLE	0	LAST	2a. DATE OF DEATH	MONIH D	AY YEAR	2b HOUR
	(,,,,,	200	•	DR.	ewer		1 5	1 79	7 PM
1	3. SE		4 RACE	5. DATE (6 AGE (IN YEARS LAST BIRT	-	IF UNDER 1 YEAR	IF UNDER 24 HRS
1		Thele	negro	2	6 07	7/	YRS.	ONTHS DAYS	HOURS MIN
2		RTHPLACE (STATE OR FOREIGN 7	L CITIZEN OF WHAT COUNTR	Y? 8	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY	OF DEATH	
//	~	outh Carolina	U. S. A.	WIDOW	_	Bal	timor	Α.	MD.
101	10 CI	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR		OR OTHER INSTITUTION	120 USUAL OCCUPATI	ION	126. KIND O	F BUSINESS OR
5/	1	Balt, more	Baltimore		Hospital	(TIPE OF WORK FOR MOST C	P WORKING LIFE	INDUSTRI	
100	JUSU A	AL RESIDENCE (IF NURSING HOME OR COTATE 13b. COUNT	OTHER INSTITUTION, GIVE RESIDENCE BE	FORE ADMISSION)	13d INSIDE CITY LIMITS2	13e. STREET ADDRESS			
35		Maryland	Balti		YES NO NO		ing D	rive	
		THER'S NAME		IIIOI C	15. MOTHER'S MAIDEN NA	ME	4119.10		
30	15	Solomon	Brewer		Sarah	MIDDLE		T. 1A5	1
1	16a V	VAS DECEASED EVER IN U.S. ARM	AED FORCES? 166 SOCIAL SE	CURITY NO.	17 INFORMANT	ADDRE	55	- X	
)	()	res, no or unknown) (IF yes, give t	war or Dates) 213-09	-1993	Rebecca Br	ewer 127	Flemi	na Dr	1370
		18 CAUSE OF DEATH (Enter only			,	CWCI IZ/			MATE INTERVAL DISET AND DEATH
		PART I. DE ATH WAS CAUSED	BY Pagura	. ('	20515				ZASILI AND DERIII
		IMMEDIATE			- 10				CHANGE TO
	100	Conditions, if ony, which	DUE TO, OR AS A CONSEC	0000					
		gove rise to immediate	(6)				-11219		
		couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSECULAR CONSEC	DUENCE OF	NCER				
		PART 2. OTHER SIGNIFICANT CO				INAL DISEASE OF CON	DITION GIVE	N IN PART 1//	21
	Z					. The Diserror on Co.			
	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	20a. AUTOPSY?	20h IF YES	WERE FINDIN	NGS USED
2	FF	1-3-79	LUNG ABSCE	-55		YES NO	IN CERTIFY	ING CAUSES	OF DEATH?
1	ER	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCURE				
7	CAL	OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONTH						
/	20	21d. INJURY OCCURRED	21e PLACE OF INJURY	19	211 LOCATION		100		
æ	MEDI	WHILE NOT WHILE O	(AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC.)	STREET	CITY OR TOV	/N	COUNTY	STATE
- 01	1	22a. I certify that (1) this hospita	all attended the deceased from	m 1 -	2 1979	to 1-4		1979	thos (Ne) lost
49		sow the deceased alive on above (11) (we) (did) (did not)			nd that in (ny) (our) opinion (deoth occurred on the de	ote and hour		
		22b. SIGNATURE	view the body ofter death.		DEGREE			22c. DATE	SIGNED
33		Mimus H.	Wohon Et	n	1 D ATTENDING	MEDICAL STAI	F	1-6	1-79
1		22d. PHYSICIAN'S NAME (TYPE OR	PRINT)		22e ADDRESS	J DIRECTOR L PHISIC	IMITAL	1,	
1		THOMAS H. F	-lesher TT		BACTIMORE (IN HOU	0		
-	73n S	SURIAL, CREMATION, REMOVAL		NAME OF	EMETERY OR CREMATORY	23d. LOCATION			
	2 SU. C	SPECIFY)	and the second s			CITY OR TOWN		COUNTY	STATE
	24 FI	Burial UNERAL DIRECTOR	1/0//3	euar	Hill Cemete:	E REC'D, BY REGISTRAR			Md.
		NAME	ADDRESS				1.6	- heal	2 andre

Wm. C. March F/H 1101 East North Ave.

DHMH - 16 50M 7/77 (VR A 15 (4))

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		500		STATE OF MARYLAND		00000	
	-1-	FOR STATE REGISTRAR	DEPAKI	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO	-00663	
be 3 ge 3		CEASED NAME FIRST	e H	Brewer	2a. DATE OF DEATH	MONTH DAY YEAR	26. HOUR AS
ge 4 may ector, poo	3. SE	MAIE	Black	S. DATE OF BIRTH MONTH DAY YEAR 8 - 14 - 14	6. AGE (IN YEARS LAST BIRT		IF UNDER 24 HRS HOURS MIN
death. Pour	11	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTRY!	MARRIED NEVER MARRIED WIDOWED DIVORCED	BAHINOTA		MD.
by the fu	10 C	AHIMOVE	11. NAME OF HOSPITAL, NURSI	TADDRESS)	12a USUAL OCCUPATI (TYPE OF WORK FOR WOSTO	F WORKING LIFE) INDUSTRY	BUSINESS OR
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mpletely ond 2 sh	JI F	THER'S NAME FIRST	Brower Brower	15. MOTHER'S MAIDEN NA		WYNA	1
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79-00663 I STORY ASKIN I william the market of the first of the shower than the second training the second training to the second training tr A STATE OF THE STA A Persol An area and a second a second and a second a Substitute The Fall May 1965-1 1 Table 1

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE Louis 20 DATE OF DEATH MONTH 26. HOUR NORMAN JANUARY 6. 1979 BRICHETTO 4 RACE AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 5. DATE OF BIRTH IF UNDER 24 HRS HOURS Male 1.901 June To BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED MEVER MARRIED BALTIMORE CITY DIVORCED T 12h KIND OF BUSINESS OR LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore THE JOHNS HOPKINS HOSPITAL Printer -ISUAL RESIDENCE, HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Battimore 135 Md. N. Streeper Street YES X 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Brichetto MIDDLE Laura 166 SOCIAL SECURITY NO 17 INFORMANT 135 N. Streeber St. -Balto. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Mrs. Anna Louise Brichette-Md. 212 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and PART I. DEATH WAS CAUSED BY concer of lunc JPnom DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse io stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 DIVISION OF VITAL RECORDS, CERTIFICATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 210, ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH DAY YEAR MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE 220.1 certify that (1) (this haspital) attended the deceased from 79 , and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL STAFF HAM ON PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSUCTAN'S NAME (TYPE OR PRINT) 22e ADDRESS should by O(a 23a. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY n- Baltimore Mary land Gardens of Faith Buria 25 DATE REC'D. BY REGISTRAR 25 REGISTRAR'S SIGNATUR 24. FUNERAL DIRECTOR John H. Moran, Inc. ADDRESS DHMH - 16 50M 7/77 (VRA 15 (4)) 3000 E. Baltimore St.

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STATE OF MARYLAND

DHMH - 16 50M 7/77

(VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-00669

FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH I. DECEASED NAME LAST YEAR 26 HOUR LAR GARET BROD Jan IF UNDER 1 YEAR 6. AGE (IN YEARS LAST BIRTHDAY DAYS Ta. BIRTHPLACE (STATE OF FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 16 CITIZEN OF WHAT COUNTRY? NEVER MARRIED L MARRIED DIVORCED WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION II. CITY OR TOWN OF DEATH 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY SINAI HSWE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e. STREET ADDRESS 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 728 MARTIN ESSEX NO IT I'h D 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE LAST LEIM BACH ENM 160 WAS DECEASED EVER IN U.S. ARMED FORCES 66 SOCIAL SECURITY NO 17 INFORMANT I (IF YES, GIVE WAR OR DATES) BROOT APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES T NO T 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRIN 22e ADDRESS 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE STATE BALTO. COUNTY OF FAITH 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR J. G. CONNELL

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STATE OF MARYLAND FOR STATE

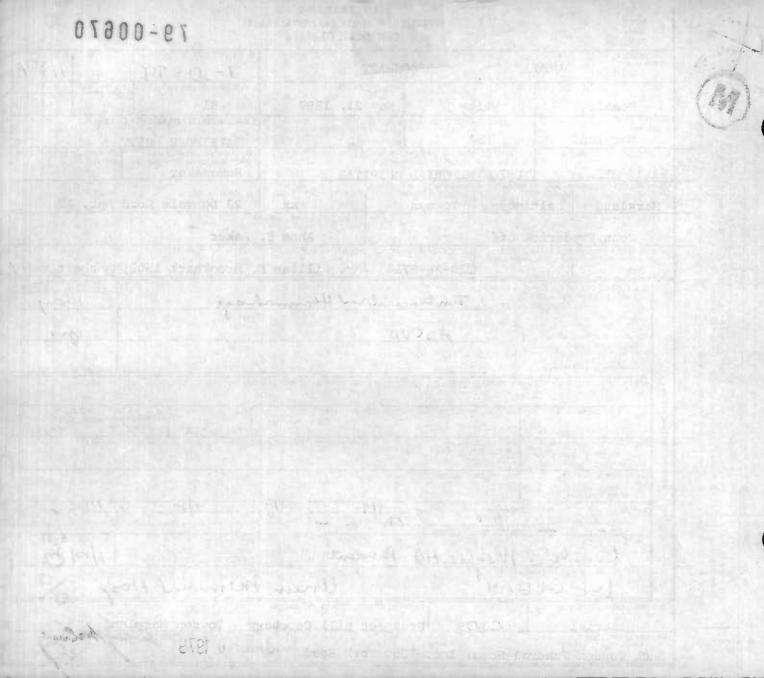
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIEIC ATE OF DEATH

79-00670

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4	I. DECEASED NAME (TYPE OR PRINT)	FIRST	DΛ	MIDOLE		LAST TP	20. DATE OF DEATH	MONTH DAY	Y YEAR	26 HOUR
		CLA	Ε.	. BRU	OKHAR'		1-10-	79		1120
	3. SEX		4. RACE		5. DATE O	H DAY YEAR	6 AGE (IN YEARS LAST BIRT		UNDER I YEAR	HOURS A
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(2)	Maryla			SA	WIDOWE	DIVORCED	BALTIMORI			
	10 CITY OR TOWN OF	DEATH		HOSPITAL, NURSIN CH FACILITY, GIVE STREET		OR OTHER INSTITUTION	12a USUAL OCCUPAT			OF BUSINESS
	BALTIMORE	- /	UNION	MEMORIAL		ITAL	Homemake	2		
200	USUAL RESIDENCE (IF	135 COU	NTY	13c. CITY OR TOW	RE ADMISSION)	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS			
20	Maryland	Bal	timore	Towson		YES NONE	23 Dunval	Le Road	Apt.	AT
15%	14 FATHER'S NAME		WIDDLE	LAST		15 MOTHER'S MAIDEN NA.	WIDDLE		LAS	ST
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	190 DATE OF OP	ERATION	196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDI	
2	SE .						YES NOTO	IN CERTIFYI		OF DEATH?
	21a. ACCIDENT WA	SUNDERLYING [OF INJURY		21c. HOW INJURY OCCUR	-			
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	(IF EITHER, NOTIFY)			OF INJURY	19	21f LOCATION				
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2		t (I) (this hosp leased alive o	1 1127	he deceased fram_ 10	791	nd that in (my) (our) opinion	death accurred on the d	ate and hour		that # (we)
7	obove, 🍻 (v	e) (did) (did	ett view the bad	y after death.			occurred on the di	0 11001 (
	226. SIGNATURE	0 15	7 0	-0	_	DEGREE ATTENDING	MEDICAL STA	FF	22c. DATE	100
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3	22d. PHYSICIAN	S NAME (TYPE	OR PRINT)	J		22e ADDRESS	1	0 1)		
Jan	W	E66	EIN			Unun	Memme	il Ho	- gc	Day T
\$	23a. BURIAL, CREMATI	ON, REMOVA	23b. DATE	230	NAME OF C	CEMETERY OR CREMATORY	23d. LOCATION		OUNTY	STATE
	(SPECIFY) Bur	ial	1/13	/79 Pr	ospec	t Hill Cemete:		Marala		Jinit
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	Ruck Tows	on Fune	ral Hom	e, Inc.]	050 Y	ork Road	EVEL O TMM			4/
	a Transa Trans								4	40 M

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

26 HOUR IF LINDER LYEAR IF UNDER 24 HRS DAYS HOURS BALTIMORE CITY OR COUNTY OF DEATH 126. KIND OF BUSINESS OR (TYPEOF WORK FOR MOST OF WORKING LIFE) INDUSTRY Stone Drug.

Retired (lerk

130 STREET ADDRESS 1950 Haselmere Road

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cardionespiratory arrest	IMHROIA
ETO, OR AS A CONSEQUENCE OF SOURCE BRAIN STEM ISCHEMIA	6 days
TO, OR AS A CONSEQUENCE OF	6 day

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [

COUNTY STATE

22c. DATE SIGNED

FOR

REGISTRAR

- STATE

DHMH - 16 50M 7/77 (VR A 15 (4))

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24. FUNERAL DIRECTOR F. Patapsconfigure

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2a. DATE OF DEATH WIDDLE MONTH 2b. HOUR L DECEASED NAME FIRST (TYPE OR PRINT) 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 4 RACE S DATE OF BIRTH 3. SEX MONTHS DAYS HOURS MONTH YEAR 12 BALTIMORE CITY OR COUNTY OF DEATH 7 BIRTHPLACE 76. CITIZEN OF WHAT COUNTRY? ISTATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY 7 1mory WIDOWED DIVORCED D 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12h, KIND OF BUSINESS OR IB. CITY OR TOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Rotired USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 1136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS В NO F 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME LAST FIRST MIDDLE MIDDLE nARTIN NOKS ADDRESS 17. INFORMANT In WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO Pages (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the or other DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) DIVISION OF VITAL RECORDS, CERTIFICATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 198 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? Mental Hygiene NO | NOV YES T 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART) OR PART 2) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 19 (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21e PLACE OF INJURY 21f. LOCATION 21d. INJURY OCCURRED ā CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK AT WORK 29 220.1 certify that (1) (this haspital) attended the deceased from , and that in (my) (aur) apinion death accurred on the date and hour and fram the causes stated sow the deceased alive an obave, (I) (we) (did) (did not) view the bady ofter death. 22c. DATE SIGNED 22h SIGNATURE DEGREE ATTENDING MEDICAL STAFF FUNERAL I PHYSICIAN DIRECTOR PHYSICIAN MPORTANT. 22e. ADDRESS 228 PHYSICIAN'S NAME (TYPE OR PRINT) 111450 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE COUNTY CITY OR TOWN (SPECIFY) 2/5/1979 Baltimore Co., Maryland Burial Mt. Calvary Cem 25a. DATE REC'D, BY REGISTRAR 25b. REGIATRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 25M ADDRESS (VR A 15 (4)) 9/74 Wm. C. March F/H 1101 East North Ave

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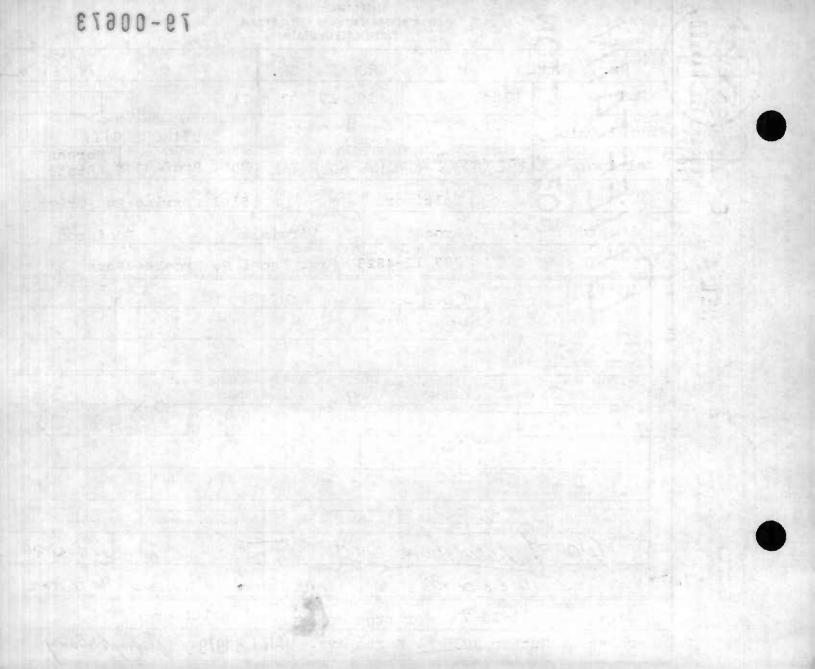
should be detached for use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to bu MPORTANT: If Item 21 is marked ar Item 18 shaws any STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-00673

FOR STATE REGISTRAR	DEPAR	CERTIFICATE		IENE 7 REG. NO	9-00673	}
I. DECEASED NAME FIRST	WIDDLE	LAST		2a. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
TYPE OR PRINDER. MAXWEL	L R	BROOKS	SR.	N. Carles	01-15-79	1 PMM
Male Male	Black	5 DATE OF BIRTH	PA7 0°7	6. AGE (IN YEARS LAST BIRT	(HDAY) IF UNDER 1 YEAR MONTHS DAYS	
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR USA	Y? 8 MARRIED A NE	VER MARRIED DIVORCED	BALTI	MORE CLTY	MD
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USUAL RESIDENCE (IF NURSING HOME O 136. STATE 1136. COU		OWN 13d. INS	IDE CITY LIMITS?	13e STREET ADDRESS	ring Run I	
Edward	MIDDLE Brook		HER'S MAIDEN NA/		Robins	son
60 WAS DECEASED EVER IN U.S. AF (YES, NO OR UNKNOWN) (1F YES, GIV			ormant Ars. Nao	mi G. Bro		
	DUE TO, OR AS A CONSECTION OF THE CONTRIBUTING TO CONTRIBUTIONS CONTRIBUTI	DUENCE OF DEATH BUT NOT REI Tailure	Frein	nonia.		
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	CH OPERATION WAS F	ERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF ETHER, NOTIFY MEDICAL EXAMINER 214 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK	ATH HOUR A.M. MONTH	DAY YEAR	OW INJURY OCCURR CATION TREET	RED (ENTER NATURE OF INJUR CITY OR TOW	RY IN ITEM 18, PART 1 OR PART 2)	STATE
sow the deceased alive or above. (I) (we) (did) (did no 27b. SIGNATURE)	Ailcorber	3	ATTENDING	, to	ote and hour and from th	n, that (I) (we) lost the couses stated TE/SIGNED
224, PHYSICIAN'S NAME (TYPE O	LVERBERG	22e AD	JOH	INS HOPK	LINS Hos	PITAL
Burial, Cremation, Removal Burial		rbutus Me		234. LOCATION Balleime	ore county	STATE
FUNERAL DIRECTOR Hembert E. Ni	atter 3035,000 1835.			REC'D. BY REGISTRAR	256 BEGISTRAR'S SIGNA	Preody

DHMH - 16 50M 7/77 (VR A 15 (4))



Herbert E. Nutter 3035 ADDRESS North Ave.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

79-00674

28

79

IF UNDER 1 YEAR

MONTHS DAYS

Brooks

COLINTY

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

22c. DATE SIGNED

2h HOUR

HOURS

12h KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

STATE

STATE

7:00p

IF UNDER 24 HP

FOR

REGISTRAR

24. FUNERAL DIRECTOR

DHMH - 16 50M 7/77

(VR A 15 (4))

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STATE OF MARYLAND

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NAME: Milton Brotman

DATE OF DEATH: January 30, 1979

PLACE OF DEATH: Baltimore City SEE: # 79-03363

February, 1979 Baltimore City



	1			STATE	OF MARYLAND		
1	1	FOR - STATE REGISTRAR	DE		EALTH AND MENTAL HYG ICATE OF DEATH	TENE 79-0	0676
noy be poge 3		CEASED NAME FIRST POR PRINT)	NA P.	Br	Rown	20 DATE OF BEATT	MONTH DAY YEAR 26 HOUR 2150 AA
Page 4 mo director, po tours after 6	3 SE	Female	BlACK	5. DATE O		6 AGE (IN YEARS LAST BIRT	YRS DAYS HOURS MIN
death. P		IRTHPLACE ISTATE OR FOREIGN OUNTRY) BAHIMAY ITY OR TOWN OF DEATH	U. S.A.	MARRIED	D NEVER MARRIED DIVORCED DIVORCED DIVORCED	Balt IM	R COUNTY OF DEATH ME ME NO 12b. KIND OF BUSINESS OR
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AND 2	130	STATE 136 COUL	NTY Bah	r town ,	13d. INSIDE CITY LIMITS? YES NO 1	13e. STREET ADDRESS 3612 D	Offield Ave.
completely I and 2 sh		RICHARD	D. POI	NELL	ANNIE	MIDDLE	POWELL
TIMORE be exect on ond is. Pages		NAŠ DEČEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	EWAR OR DATES) 166 SOCIA	2-0739	CYNTHIA B.	FULTON 4	720 BOWLAND ALL
15, 201 W. PRESTON ST., BAL wires that the death certificate igned by the attending physici en please remove carbon poper burial, cremation, or removal. ury, or other troumatic event, th	z	PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CON	SEQUENCE OF	not related to the term	inal Disease or Coni	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DITION GIVEN IN PART YOU
AL RECORD he low requon. hos been si t permit. The sene prior to	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATION	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
SION OF VITAL PHYSICIAN The rending physician this certificate is burnol-transit and Mental Hygies d or Item 18 sho	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	ATH HOUR A.M. MONT	H DAY YEAR	21c HOW INJURY OCCURR	PED (ENTER NATURE OF INJUR	IY IN ITEM 18, PART OR PART 2}
	WEI	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY,	13	STREET	CITY OR TOW	
TTEN pritol TOR for us of He		220.1 certify that (1) (this hosp saw the deceased alive an above, (1) (we) (did) (friance			d that in (my) (our) opinion of	death accurred on the do	19.79, that (1) (we) lost ate and haur and from the causes stated
OR he he boche Dep		22b. SIGNATURE	Janghis.	C	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC	221. DATE SIGNED
TO HOSPITAL TO FUNERAL should be det with the Store		22d PHYSICIAN'S NAME TYPE O	NIE mis.		220 ADDRESS Luthra	- Horp	
5// BP		BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	1-13-79	MT- AUC	SULN CEM.	BACTIME	PE, MARYLAND
DHMH - 16 60M 1/75 (VR A 15 (4))	Li	ERDY OF DYETT	+50N 4600 L	BERTY	HOB, AC JAN	REC'D. BY REGISTRAR	Fistry Subrody

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CONC. I'VE PERMITTED AND ASSESSMENT OF THE SHARE BRIDERS

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

00677

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	13-000	
1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	LAST	20 DATE OF DEATH MONT		b HOUR
Emma	J.	Brown	1	21 79	4:45 R
3. SEX	1 RACE Black	5. DATE OF BIRTH MONTH DAY YEAR 11 28 186	6 AGE [IN YEARS LAST BIRTHDAY]		HOURS MIN
TO BIRTHPLACE ISTATE OF FOREIGN	76 CITIZEN OF WHAT COUN	NTRY? 8.	- 9 BALTIMORE CITY OR CO		
Virginia	II 0 7	MARRIED NEVER MARRIED WIDOWED DIVORCED	Balto. cit	v	
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	JURSING HOME OR OTHER INSTITUTION		12b, KIND OF I	MD.
Balto.		mor Nursing Cen	ter Unknown		
USUAL RESIDENCE (IF NURSING HOM 130. STATE	OR OTHER INSTITUTION, GIVE RESIDENCE TO THE TOTAL PROPERTY OF THE	E BEFORE ADMISSION) R TOWN 13d INSIDE CITY LIMIT	S? 13e STREET ADDRESS		
Md.	Bal	timore YES NO [6755 Townbr	ook Dr 2	21207
14 FATHER'S NAME	MIDDLE LAS	15 MOTHER'S MAIDEN	NAME		
Erasmus	Ehite			Pollard	3
60 WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL		Manor Nursin		
[YES, NO OR UNKNOWN] (IF YES,	GIVE WAR OR DATES	6-1226 Pleasant	Manor Nursin	ig Center	
Lis cause or Brazili s			k Heights Ave	21215	TE INTERVAL SET AND DEATH
PART I, DEATH WAS CAU	r only one couse per line for 10 USED BY:	MI lear ITAN	st	BETWEEN ON	SET AND DEATH
IMMED	DIATE CAUSE (a)	warte we	211 /	100	7
4049	DUE TO, OR AS A CON	SEPURITOF Selection (. V. Keral d	become /	port
Conditions, if any, which gove rise to immediate	(b)	7/		0 -	
couse io, stating the underlying cause lost.	DUE TO, OR AS A CON	REGIENCIAL / //	enloss	11	ropel
PART 2 OTHER SIGNIFICAN	NT CONDITIONS CONTRIBUTIN	G TO BEATH BUT NOT RELATED TO THE	TERMIN DISERSE OR CONDITIO	N GIVEN IN PART 11a	N.
V 190 DATE OF OPERATION	THE COMPUTED LEGISLA	VHICH OPERATION WAS PERFORMED	Too MITORSVO Too	IF VEC. MERE EN ION I	
I 190. DATE OF OPERATION 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	Tyb. CONDITION FOR W	VHICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b	IF YES, WERE FINDING CERTIFYING CAUSES O YES	F DEATH?
210. ACCIDENT WAS UNDERLYING		H DAY YEAR	CURRED (ENTER NATURE OF INJURY IN II	EM 18, PART 1 OR PART 2)	
OR CONTRIBUTING CAUSE OF	DEATH	19			
(IF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION		1	
WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC.) STREET	CITY OR TOWN	COUNTY	STATE
	spital) attended the deceased	from Jan 1 /5 10	79 Jan 2.	1079 1	at (1) (we) lost
saw the deceased alive	11-1	1/49	nion death occurred an the date a		
22b. SIGNATURE	ruel Lei	An AS ATTENDIN PHYSICIA	IG MEDICAL STAFF	22c. DATE SI	GNED
22d. PHYSICIAN'S NAME (TY)	LEUIN	- M.O 101 PK	HOTS AUE B	ALTO MD	1/1/2/
230. BURIAL, CREMATION, REMOV	AL 23b. DATE	23c. NAME OF CEMETERY OR CREMATO	ORY 23d LOCATION	COUNTY	STATE
Burial	1/25/79	Church Cemetery	Selbysvil		

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, th

24 FUNERAL DIRECTOR
WM. C. M March F/H 1101 East North Ave

FOR

ch Ave. JAN 2 3 1979

malto. city

Fleasant Namesing Center Unknown Unknown

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DHMH - 16 50M 7/77 (VR A 15 (4)) FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-00679

	١.	REGISTRAR			CERTIF	ICATE OF DEATH		REG. N	0.		
		ECEASED NAME FIRST PE OR PRINT) HATT		MIDDLE		ROWN		ANUARY	4 ,	1979	7:10A
	3. SI	Female	4 RACE		5 DATE C	DAY YEAR	6 AC	GE (IN YEARS LAST BIRT		MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
Complete.		BIRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8 MARRIEI	1 1901 NEVER MARRIED	9 BA	ALTIMORE CITY O	YRS OR COUN		
Fied of		Outh Carolina	II. NAME OF			DIVORCED		Baltime USUAL OCCUPATI OF WORK FOR MOST O	ION	12K KIND O	MD. F BUSINESS OR
be for	JUST	Baltimore JAL RESIDENCE (IF NURSING HOME O	Chur	Ch Home	and E ADMISSION)	Hospital				une, mgosiki	
or must be 6	13a.	Maryland 136 COU	NTY	Balti	IN I	13d INSIDE CITY LIMITS	3	STREET ADDRESS	ifto	n Avenu	ie
J. Commis	14. F	Raeford	MIDDLE	Gilliam		IS MOTHER'S MAIDEN Elizab		WIDDLE		Brown	
medical	160	WAS DECEASED EVER IN U.S. AF	MED FORCES? E WAR OR DATES)	215-10-		Joanne Br	าดพท	4407 K-			
ws any injury, or other traumor	CERTIFICATION	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION	(b)		ENCE OF	on mil	ERMINALI	netas	20b. IF Y	SIVEN IN PART 110	IGS USED
rked or Item 18 shaws	MEDICAL CERTIFI	21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE AT WORK AT WORK	P. 21e. PLACE	OF INJURY M. MONTH D, M. OF INJURY REET, FACTORY, OFFICE, F	19	211. HOW INJURY OCC		ES NO CITY OR TOV	RY IN ITEM 18	YES 🗌	NO STATE
with the State Dept of Health		22a. I certify that (I) this hosp sow the decreased alive or above, II (we did) idid not 22b. SIGNATURE BREK. 22d. PHYSICIAN'S NAME (TYPE C	I KUPP	1-4 19_	My.	DEGREE ATTENDING PHYSICIAN 1220 ADDRESS CH	G ME N DIRI	o 1-4 occurred on the do DICAL STA ECTOR PHYSIC HOSPIT	FF CIAN AL.		SIGNED
<u>3 ₹</u>		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE 1/10				rK			county Marylan	
(7/77))	24. f	Wm. C.March	F/H 11	01 East	Nort		DATE REC	D. BY REGISTRAR	25b. REGI	STRAR'S SIGNAT	Tready

4 . /	1				STAT	E OF MARYLAND				
(A)	1.	FOR STATE REGISTRAR		DEP		EALTH AND MENTAL	HYGIENE 7	9-0	0680	
y be 3 death		CEASED NAME OR PRINT)		ELVIN	Bno	WW	20 DATE OF DEAT		6,1979	LIS OAM
oge 4 ma gector. pr	3 SE	M		ock	S DATE O		0 68	YRS	MONTHS DAY	
deorth P		RTHPLACE ISTATE OR FORI	U.	S A	MARRIE	D NEVER MARRIED DIVORCED	0 78	+ctim		CITY MD.
201 Software filed with		Baltimore	USI	SUCH FACILITY, GIVE	STREET ADDRESS)	THE	120 USUAL OCCU	OST OF WORKING	LIFE) 126. KINE INDUSTR	O OF BUSINESS OR
AND 21	1	AL RESIDENCE (IF NURSING	GHOME OR OTHER INSTITUTI 3b COUNTY	13c. CITY OR		13d INSIDE CITY LIMIT	11 W		4 51	_
maryinted with		Herbert	WIDDLE	Broy	wn	Adella	MIDD		Morgan	LAST 1
TIMORE be executed an and controls. Pages		VAS DECEASED EVER IN YES, NO OR UNKNOWN) Yes	U.S. ARMED FORCES IF YES, GIVE WAR OR DATES)		SECURITY NO. 8-1347	17 INFORMANT Gladys Gill	pert/1301 N.	E11wood		
11 W. PRESTON ST., B that the death certifical d by the attending phy lease remave carban pa ial, cremation, or remov or ather traumatic event		Conditions, if any, signer rise to imme couse (a), stating underlying couse	S CAUSED BY MMEDIATE CAUSE (a) DUE TO, which diote the lost. DUE TO.	OR AS A CONS	RPIOG SEQUENCE OF SEQUENCE OF PPIOU	VE HEAD	1			OXIMATE INTERVAL IN ONSET AND DEATH
RECORDS, 2. Ibus requires as been signe termit. Then p tere prior to bur vs ony injury, v	CERTIFICATION		100HOL	AT3US	E	NOT RELATED TO THE T	200 AUTOPSY?	20b. IF YI	ES, WERE FINE	
NG PHYSICIAN: The ottending physician there this certificate has the burial-transit p th and Mental Hygien are don't tem 18 show arked or tem 18 show and the purior tem 18 show and tem 18 show and the purior tem 18 show and tem 18 show and the purior tem 18 show and tem 18 show and tem 18 show and tem 18 show and tem	MEDICAL CERTIF	210 ACCIDENT WAS UNDER OR CONTRIBUTING CALL OF EITHER, NOTIFY MEDICAL 21d. INJURY OCCURRE	USE OF DEATH HOUR EXAMINER) D (21e PLACE)	E OF INJURY A.M. MONTH P.M. CE OF INJURY	19	211, LOCATION	YES NO	INJURY IN ITEM 18.		NO [
DIVISION BINDING PROPERTY OF After the rose os the Health and I is marked (W	WHILE NOT WHILE AT WORK 220.1 certify that (1) (1) saw the deceased	his haspital) attended	the deceased f	rom 1/	STREET 19_2	to	1/6	. 19 74	., that (I) (we) last
TTAL OR ATT by the hosping RAL DIRECTO detoched for detoched for the Dept. of them 2		obove, (I) (wg) (did	Tano a			DEGREE ATTENDIN PHYSICIA	IG _ MEDICAL _	STAFF		TE SIGNED
TO HOSPITA TO FUNERA should be de with the Stol		ANASTA	+40 C	PIM				05017	TAL	
206 BP		BURIAL, CREMATION, RE SPECIFY) Burial	Jan. 10		Arlingt	emetery or cremato on National	Arling			Virg in ia
DHMH - 16 60M 1/75 (VR A 15 (4))	Ma Pu	rnell B.Ode	ones, Jr. 1 en/4101 Edm	Funeral nondson	Home P. Ave./Ba	A. Lto. Md.	DATE REC'D. BY REGIST	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TRAR'S SIGN	Creedy

	ECEASED NAM	E FIRST	(b)	(1)	MIDDLE		LAST			20. DATE KI	NOWIKK	MONTH	DAY YE	AR 2b HC
[1	PE OK PKINT]	(Lar	esa)	La	tres	B	rown			OF DEATH #	MATED	1	15 19	79
3 SI	Х	4. RACE	5 DATE	OF BIRTH	6. AGE (IN YEAR LAST BIRTHE			IF UNDE	R 24 HRS.	2c. DATE	CED	HTMOM		2d. HC 4:0
	emale	black				/RS. 1				DEAD		1	47	/9 p.
10	DREIGN COUNTRY)		76. CIII		AT COUNTRY?		ED NEV			7. BALTIMO	_	_	ITY OF DEAT	Н
10. (Mar ITY OR TOWN	yland OF DEATH	11. NA/	U. S	PITAL, NURSING HOM	WIDOW E, OR OTH		DIVOR	12a. US	UAL OCCUPA	ATION (TYPE		e City	F BUSINESS
	Balt	imore			cility, GIVE STREET ADDRESS) an Hospita]	1			FOR	MOST OF WORKI	ING LIFE		OR IND	USTRY
	AL RESIDENCE	(IF IN NURSING HOM		NSTITUTION, GIV	VE RESIDENCE BEFORE ADMISS		13d INSIDE CIT	TY LIMITS?	13e STR	REET ADDRES	S			
	Maryla	nd			Baltimo		YES	NO [3	329 E	dmon	dsor	n Aver	nue
14.1	ATHER'S NAMI		MIDDLE	54.7	LAST			RST		MID	DLE		LAST	
6a	Andre	D EVER IN U.S. A	PMED SOR		riston	TY NO	17. INFORM	Lare	esa		ADDRESS	E	Brown	
((YES, NO. OR UNKNO		IVE WAR OR DA		100 SOCIAL SECONI	11140.			Care	thorn			Edmond	a c c c
-	18 CAUSE C	F DEATH (Enter	anly one ca	use per line	far (a), (b), and (c).)		THEL	esa	Caw	CHOTH	e 334	29 E		MATE INTERVA
	PARTIDE	ATH WAS CAU	SED BY:	ose per inte	T. C.								BETWEEN	DNSET AND DE
		MANAGO	LATE CALISI	E (-) DI	udden Infar	nt Dea	ath by	ndro	me					
	798	6 IMMED	IATE CAUSI		udden Infar as a consequence		ath Sy	ndro	me		100			
		O ns, if any, whi	IATE CAUSI	DUE TO, OR			ath Sy	ndro	me		7			
	gave ri cause (a	os, if any, whise to immedia se to immedia stating the under	ch D	(b)		OF	ath Sy	ndro	me					
	gave ri cause (a lying cau	ns, if any, whise to immedia stating the undivise last.	ch of the	(b) OUE TO, OR	AS A CONSEQUENCE	OF OF								
Z	gave ri cause (a lying cau	ns, if any, whise to immedia stating the undivise last.	ch of the	(b) OUE TO, OR	AS A CONSEQUENCE	OF OF								
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TIFICATION	gave ri cause (a lying cau	ons, if any, whi se to immedic stating the under use last.	ch of the property of the prop	(b) OUE TO, OR (c) ING TO DEATH B	AS A CONSEQUENCE AS A CONSEQUENCE BUT NOT RELATED TO THE TERM	OF OF MINAL DISEASE	OR CONDITION	GIVEN IN P					20 AUTO	
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	gave riccouse (a lying car.) PART 2 OTHER SI 19a. DATE Off 21a. EXTERNA UNDERLYING CONTRIBUTION	ons, if any, white to immediate the understand the	IATE CAUSI Ch Inte Property of the contribution of the contribu	(b) OUE TO, OR (C) ING TO DEATH B	AS A CONSEQUENCE AS A CONSEQUENCE BUT NOT RELATED TO THE TERM ION FOR WHICH OPEN INJURY MONTH DAY YEA 19	OF OF MINAL DISEASE RATION W R 21c HC	OR CONDITION AS PERFORM OW INJURY	GIVEN IN P	'ART 1 (a).	NATURE OF INJUR	RY IN ITEM 18 P	PART I OR P	YES	v .
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DHMH - 16 50M 7/77 (VR A 15 (4))

MPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event, the medical examiner must be notified at ange.

FOR STATE

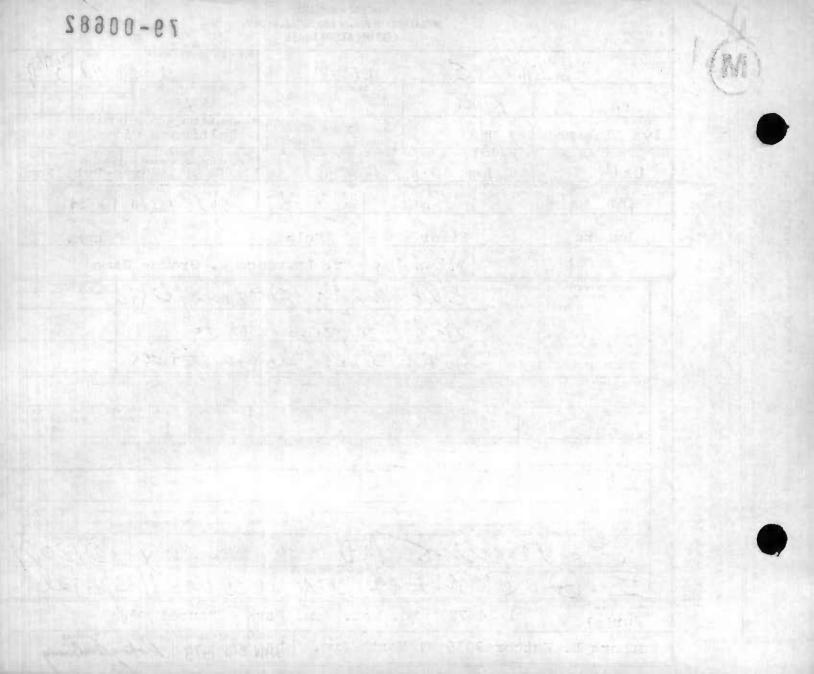
REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-00682

							REG. N	0.			
	1. DE	CEASED NAME FIRST	MIDDLE	7	AST 1		20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR	
		Lilli Lilli	AN J.		Drown			1 20	79) 11. A	И
	3 SE	Fand	1 RACE RIMAY	5. DATE C		YEAR	6. AGE (IN YEARS LAST BIRT	HDAY) IF U	INDER I YEAR	HOURS MIN.	-
. /	2 0	Temale	DIACK	3	13	03	13	YRS.			_
4/		RTHPLACE (STATE OR FOREIGN VA") Alabama	76 CITIZEN OF WHAT COUN	TRY? 8 MARRIE	D KNEVER M	ARRIED -	Baltimore City of				
U				WIDOWE		ORCED [ME	-
24	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU		OR OTHER INSTI	TUTION	17a USUAL OCCUPATION OF OF WORK FOR MOST OF		12b. KIND OF INDUSTRY	BUSINESS OR	
1		DA Ita.	ban Sici	1115 A	ISPITAL		refire	UNurs	e-Pvt.	. Fam.	
25		AL RESIDENCE (IF NURSING HOME OF STATE 136 COUR			136 INSIDE CIT	Y LIMITS?	13e. STREET ADDRESS	Lixing	tan St	-	
,	14 FA	THER'S NAME FIRST	MIDDLE LAST	200	15 MOTHER'S	MAIDEN NAM	AE MIDDLE	J			_
36		Hubert	Siler			ila	MIDDLE		unk.		
1		VAS DECEASED EVER IN U.S. AR		SECURITY NO.	17 INFORMAN	IT	ADDRE	SS			_
1	,	(IF TES, GIA	E WAR OR DATES) 25-1	4-5107	Mr. I	awren	ce H. Bro	wn- Sa	ame		
П		18 CAUSE OF DEATH (Enter or		and ich	- AD.	(+) 1	1	Vans	APPROXIM BETWEEN OF	ATE INTERVAL NSET AND DEATH	=
		PART 1, DEATH WAS CAUSE IMMEDIA	TE CAUSE (o)	B. W	n wer	(E) Y	12 unip	una			
		421-	DUE TO, OR AS A CONS	FOUEN DE OF		- 6	++	0		17-1	
740		Conditions, if ony, which	(b) and	2/22	O Cree	55/6	nto				
		gove rise to immediate couse (a), stating the	DUE TO ORAS A CONS	EQUENCE OF	10	1	#				
		underlying couse lost.	Total Land	SU	en	er	Mar	an			
		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED	O THE TERMI	NAL DISEASE OR CON	DITION GIVEN	IN PART 1(o)		=
	O										
a	CERTIFICATION	198. DATE OF OPERATION	196 CONDITION FOR WI	HICH OPERATIO	N WAS PERFOR	MED	20a. AUTOPSY?	20b. IF YES, W	FRE FINDING		
/	RTIF						YES NO	YES [NO 🗌	
0		21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c. HOW INJ	URY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18, PART	1 OR PART 2)		
/	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINER		19							
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE FARM FTC)	211 LOCATION	N	CITY OR TO	VN	COUNTY	STATE	
	~	AT WORK AT WORK									
		22a.1 certify that (1) (this hasp				. 19	, to	, 19.		hat (I) (we) los	t
		sow the deceased alive on above, () two (did) (did ge	the body ofter death.	190	nd that in (my) (our) opinion d	leath occurred on the d	ote and hour a	nd from the c	ouses stated	
		22b. SIGNATURE	6	1	DEGREE	ENTLINE			22c. DATE S	IGNED >	2
		C 1	DAMA	> /		TENDING HYSICIAN	MEDICAL STA	IAN	0/	10/1	7
1		224 PHYSICIAN'S NAME TYPE O	PRINTPOM	ERO	BO /	y Se	cours	Hos	hit	al	
	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C			23d. LOCATION	2 2020	INTY	STATE	=
		Burial	1-24-79	Md. Na	at. Men	1. Par	k "Eaure	el Md S	7.11	SIAIL	
	24: FU	JNERAL DIRECTOR	1 1 2 2 2 C ADMEN	S No. 2-1	2	1.0.4	REC'D. BY REGISTRAR		S SIGNATU	IRE	
	H	lerbert E. Nu	tter 3035 ** W	. NOIT	n Ave.	IAN	1 2 3 1070	disting	w Beel	4.1.	



15	1	Item #17, G5	27 1/26			E OF MARYLAND	CAPAIR		
0	1	- STATE REGISTRAR		DEPARTM		ICATE OF DEATH	REG.	79-00	1683
m.f		CEASED NAME FIRST	N	AIDDLE		AST	20. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
A 9 0		UNIC		HOUSE TO	33	BROWN , Sr.		1 10	79 ,
	3. SE		4 RACE		5. DATE C		6. AGE (IN YEARS LAST	MONTHS	DER I YEAR IF UNDER 24 HRS
6 17		MALE	BLAC		NONTO	3 19	59	YRS	
4 C 2 2 1	0	RTHPLACE (STATE OR FOREIGN OUNTRY)		WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED		OR COUNTY OF D	EATH
deo deo	_	RTH CAROLINE		A.	WIDOWE				M
by the fu		BALTIMORE	VA MEI	ICAL CEN	TER B	ALTO.	170 USUAL OCCUPA (TYPE OF WORK FOR MOS		B. KIND OF BUSINESS OF IDUSTRY
filled in ould be must be	USU 13a	AL RESIDENCE (IF NURSING HOME O STATE 136 COU MARYLAND	R OTHER INSTITUTION. NTY	131. CITY OR TOWN BALTIM	N	134 INSIDE CITY LIMITS?	13e. STREET ADDRES 2265 REI	STERSTOWN	ROAD 21217
2 sh	14. Fr	ATHER'S NAME				15. MOTHER'S MAIDEN N	AME		
and and		FIRST	MIDDLE	LAST		Louise	WIDDLE	Br	own
es - soi		WAS DECEASED EVER IN U.S. AF		166 SOCIAL SECU	RITY NO.	Bertha Brow		PRESS	
Pog Pog		YES	WW II	223-22-	2021	Barbara Po		24 Relar	est Road
ined by the attency please couriel, cremotion, ourial, cremotion, by, or other trauma		Conditions, if ony, which gove rise to immediate cause iol, stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	(b)	A CONSEQUE	NCE OF	Cell Conce	MINAL DISEASE OR CO	DINDITION GIVEN IN	PART I(a)
Ther Ther injur	NO NO	Metnetation:	S 42 w 192 mm	well Con					
has bee t permit. iene prio ows any	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WER IN CERTIFYING YES	RE FINDINGS USED CAUSES OF DEATH?
certificate priol-transit ental Hygi- ltem 18 sh	1	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER	ATH HOUR A.A	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF IN	JURY IN ITEM 18, PART 1 O	R PART 2)
e as the bur plth and Me marked ar I	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE C	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY OR	OWN CC	DUNTY STATE
		220.1 certify that the (this hosp			DE CENT	BER 25, 19 18	, toJANUA	RY 10, 19	79 , that (X(we) las
TOR for us of He 21 is		saw the deceased plive or abave, (1) (we) (did) (4) (4)	JANUARY	ofter death	9 . 01	nd that in (🎉) (aur) opinion	death occurred on the	date and hour and	from the causes stated
DIREC DIREC Dept. f Hem		22b. SIGNATURE	00			DEGREE			22c. DATE SIGNED
		71-4	· Keli	N		MD ATTENDING PHYSICIAN	DIRECTOR PHY	SICIAN	1/10/79
FUNERAL old be detailed by the Stote ORTANT:		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS			
TO FUNERAL should be determent the Stote IMPORTANT.		W.19	. Kil	ey Mes),	3900 LOCH	RAVEN BLVD	BALTO MD	21218
- X × ×	23a.	BURIAL, CREMATION, REMOVAL	23b. DATE	7 23c. N	IAME OF C	EMETERY OR CREMATORY	23d. LOCATION	COUNT	
SP		Burial	1/15/	1979 Ki	ng M	emorial Par	K Baltimo		Maryland
H-1650M7/77		UNERAL DIRECTOR		ADDRESS		25a. DA	TE REC'D. BY REGISTRA	R 256 RESISTRAR'S	SIGNALINE
(VR A 15 (4))	V	Mm. C. March	F/H 11		Nor	th Ave.	N 1 6 1979	progray.	Actresdy

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79-00683

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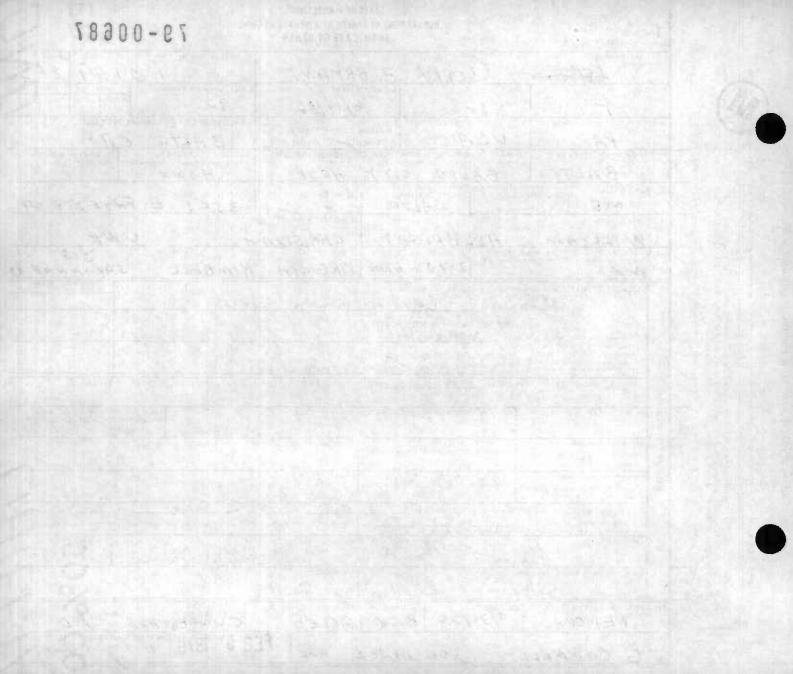
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79-00685

-la		FOR STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	86
ndybe pdyse3AN ir death	(TYPE	ECEASED NAME FIRST James MIDDLE RUSSELL IAST JC DATE OF PEATH MONTH DAY BABY BOY BOX BAST BY BOY BAST BY BOY BY BOY BY BOY BY BOY BY	109 AM
Page Smc	3 SE		UNDER I YEAR IF UNDER 24 HRS
thing?	C	MARRIED NEVER MA	REGINAD. 12b. KIND OF BUSINESS OR
hours befree		AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE REFORM BEFORE ADMISSION) AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 134 INSUFE CITY HAVING? 135 COUNTY 136 COUNTY 137 COUNTY	INDUSTRY
rith 24 iille 2 should		STATE 136 COUNTY 136. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 44 CONOCOC	Heague ST
M omp		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS WEST OF UNKNOWN) (IF YES, GOE WAR OR DATES)	W Hawks
ON ST., BALT fermicate b ding physicia artemoval. artenent, the		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypropile 4 Responsibility (fribers) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which (b) Despothermia Caridoris	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH /5 MUNICIPAL 8 hours
res that the ned by the please ree vorial, cremy, or ather	z	gave rise to immediate cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	12 hours
w w w mit.	CERTIFICATION	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, VIN CERTIFY! YES NO YES	WERE FINDINGS USED NG CAUSES OF DEATH?
DIVISION OF VITAL RE NG PHYSICIAN: The lo offending physician. After this certificate has as the burial-transit per th and Mental Hygiene pr the and Mental Hygiene proceed or item 18 shows to	MEDICAL CE	210. ACCIDENT WAS UNDERLYING COURSED 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) 210. INJURY OCCURRED 216. PLACE OF INJURY 216. LOCATION 216. INJURY OCCURRED 216. PLACE OF INJURY 216. LOCATION	
i i i i i i i i i i i i i i i i i i i	W	WHILE AT WORK AT WORK (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN CITY OR TOWN 270. I certify that (1) (this haspital) attended the deceased from Town 19 19 19 19 19 19 19 19 19 19 19 19 19 1	COUNTY STATE
OR he he he horder toche be Depi		saw the deceased alive an dan 27 19 19 , and that in (my) (aur) apinian death accurred an the date and hour a abave, (I) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYS	22c. DATE SIGNED
TO HOSPITAL TO FUNERAL Should be det with the Store		22d PHYSICIAN'S NAME (PE OR PRINT) CAROLYN SCHANCK TOHNS HOPKINS HOST B	ALT, Md
BP	Ci	REMATION 1/27/79 JOHNS HOOKIN SACTO-	OUNTY MSTA-
DHMH - 16 50M 7/77 (VR A 15 (4))		NAME ADDRESS FEB 1 1979 Aug	my Deal brooky

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	1			STATE OF MARYLAND		
	1.	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HYC	GIENE 7 C	1-00687
5		REGISTRAR		CERTIFICATE OF DEATH	REG. NO	1-00001
	1. DE	OR PRINT) FIRST	MIDDLE	LAST	2a DATE OF DEATH	MONTH DAY YEAR 26 HOUR
be death		A PHA	- CLARA	A. BRYANT		12979 83 AM
E A A	3. SE	X	4 RACE	5. DATE OF BIRTH MONTH, A DAY, YEAR	6. AGE (IN YEARS LAST BIRT	
	-	5-	W	MONTH 6/14/86 YEAR	92	MONTHS DAYS HOURS MIN
a Policy		RTHPLACE (STATE OR EOREIGN	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH
ne Zon		PA.	USA	WIDOWED DIVORCED	BALT	C. CITY MD.
fied with	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET	G HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION OF WORK FOR MOST OF	
10 soft		BALTO	BALTO. C		How	
bours hours d in by		AL RESIDENCE (IF NURSING HOME O			13e STREET ADDRESS	Control to Section Co.
AND n 24 h		MD	- BALT		3501	E. FAYETTE ST.
rtely 2 s 2 s 2 s 2 s 2 s 2 s 2 s 3	14. FA	THER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	ME	LAST
MAR ed w ond ond		WILLIAM	ALLBRIGH	IT CHRISTIN	A	UNK
recut id co		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECU	RITY NO. 17 INFORMANT	ADDRE	318
IMORE In and a medica		NO		6258 VIRGINIA	KIMBELL	SAVANNAH 83
BALTIMO Icote be expricted any opers. Page over any the med		18 CAUSE OF DEATH (Enter of	nly one couse per line for (a), (b), one ED BY:	digu		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST., I			TE CAUSE (0)	diopulmonan a	rest	
or reading	1	261 1 mm	DUE TO, OR AS, A CONSEQUE	NCE OF		
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necession plant		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN PART 1(0)
a chis	ON N					
low r low r s bee	Q.	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
VITAL RE IGNASTICION. Transit per Hygiene I 18 shows	CERTIFICATION				YES NO	YES NO
: VITAL AN: The hysicion ficate hy fransit p I Hygien 18 show		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	21b. TIME OF INJURY HOUR A.M. MONTH DA	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)
ON OF HYSICIA ding ph is certif burial-h Mental	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINER	P.M.	19		
	MEDI	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 21f. LOCATION STREET	CITY OR TOW	N COUNTY STATE
DIVIS Por after 11 After 11 out on other on the on the only on on other on the only one of the one	1	AT WORK AT WORK				
ENDING of or o OR: After ruse os Heolth			ital) attended the deceased from_	7/29 , 19 79		, 19, that (1) (we) lost
2 of to 1	110		ot) view the body after death.		death occurred on the do	ate and hour and from the causes stated
OR A ne hos oched oched Dept.		22b. SIGNATURE	1 0	DEGREE ATTENDING	MEDICAL STAF	22c. DATE SIGNED
		A	inch 1 - 1 san	PHYSICIAN [DIRECTOR PHYSIC	
HOSPITAL med by the FUNERAL FUNERAL vide be det vide Stotel		22d. PHYSICIAN'S NAME (TYPE	1	22e ADDRESS		
TO HOSPITAL retoined by t TO FUNERAL should be det with the Store		511	meon Bir	din 15cit		
0///>=	23a. B	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. N	AME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
74/14 BP		MEMOVAL	131774 8	ICK VALLEY	CUMBER	
DHMH - 16 50M 7/77	24. FI	JNERAL DIRECTOR	ADDRESS		E REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGNATURE
(VR A 15 (4))	1.7	Ta. CONNEL	16 300 1	DACE AVE	- 1010	, John Charley



STATE OF MAKTLAND

STATE OF MARYLAND で 79-00689 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 田 Do 1. DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) James Buchanan E. January 24 1979 3:55pm 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHOAY) IF UNDER I YEAR IF UNDER 24 HRS Bame Dr Haurs Male Negro 11 1915 70. BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Or Pr Baltimore City U. S. A. North Carolina WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY P C The Johns Hopkins Hospital Baltimore MARYLAND 21201 SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) AD IN 130 STATE 13h COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore 1235 North Washington St. Maryland 1 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE Mollie Simon Walter Buchanan RDS, 201 W, PRESTON ST., BALTIMORE, 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS 17 INFORMANT YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 244-03-8857 Gladys Buchanan 1235 N. Washington No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c PART I. DEATH WAS CAUSED BY. ARREST IMMEDIATE CAUSE 10 OR AS A CONSEQUENCE OF PIRACION Conditions, if any, which gave rise to immediate couse (a), stoting the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO T 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21f. LOCATION MEDI 21d. INJURY OCCURRED 21e PLACE OF INJURY ā CITY OF TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fram_ sow the deceased olive on. , and that in (my) (aur) apinian death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the body after death DIRECT 22h SIGNATURE DEGREE 22c DATE SIGNED TO FUNERAL DIRE should be detached with the State Depi IMPORTANT. If Iter ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S AME (TYPE OR PRINT) 22e ADDRESS 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY (SPECIFY) Burial 1/29/1979 Arbutus, Maryland Arbutus Mem. Park 24 FUNERAL DIRECTOR DHMH-16 50M 7/77 ADDRESS NAME (VR A 15 (4)) C. March F/H 1101 East North Ave

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

FOR

REGISTRAR

- STATE

DHMH - 16 50M 1/76 (VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

79-00691

IF UNDER 1 YEAR

INDUSTRY

YES [

COUNTY

COUNTY

22c. DATE SIGNED

DAYS

7h HOUR

17h, KIND OF BUSINESS OR

LAST

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

IF UNDER 24 HRS

STATE OF MARYLAND 79-00692 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MIDDLE LAST 20. DATE OF DEATH YEAR 2h HOUR (TYPE OR PRINT) poge 3 er death EVELYN IRIS BUHNER JANUARY 1979 18 8:30MP 3 SEX 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) 5 DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS Jan. 11.1921EAR 58 MONTHS DAYS HOURS Female White To BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED COUNTRY USA BALTIMORE CITY England WIDOWED 8 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h. KIND OF BUSINESS OR HOPKINS HOSPITAL (TYPE OF WORK FOR MOST OF WORKING LIFE HOUSEWITE Home Baltimore PRESTON ST., BALLINGRE, MARGANO 2150 SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Baltimore Middle River 13d INSIDE CITY LIMUS? 130 STREET ADDRESS Fuselage Ave. Maryland NO 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST FIRST MIDDLE James Johnson ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO ORUNKNOWN) I (IF YES, GIVE WAR OR DATES) 212-28-1739 Burton E. Buhner Same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one couse per line for (a), (b), and (PART I. DEATH WAS CAUSED BY Brain Death IMMEDIATE CAUSE 116/79 AS A CONSEQUENCE OF RESPIRATORY Arrest, Anoxia Conditions, if ony, which gove rise to immediate (o), stoting underlying massive cerebral hemorrhage, hy couse 5 THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(D CERTIFICATION prior permit CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? and Mental Hygiene shows PHYSICIA'N: The DIVISION OF VITAL YES T NO I buriol-tronsit 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION orked or (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 220 I certify that () mal) attentied the deceased from sow the deceased alive on above, (1) we) (did) and that in the (our) opinion death occurred on the date and hour and from the causes stated 21 22b. SIGNATURE DEGREE 4 MD ATTENDING MEDICAL D FUNERAL I PHYSICIAN [] DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME 22e. ADDRESS 230 BURIAL, CREMATION, REMOVAL 23d. LOCATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY Cremation Westview Memorial Park Catonsville, Balto.; Md. 1/20/79 BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. RP ASTRAR'S SIGNATURE DHMH - 16 50M 7/77 (VR A 15 (4)) Mitchell-Wiedefeld Home 6500 York Rd. 21212

MI

Semistion 1/20/79 Hostvies Conociel Fork Ontonaville, Ellen., Ed. Mitchell-Fiedefeld Font 6500 York Ed. 21212 JANES 21270 Feb.

1101 E. North Ave.

MIDDLE

FOR

- STATE

DHMH - 16 50M 7/77 (VRA 15(4))

Wm C March F/H

REGISTRAR

FIRST

I. DECEASED NAME

STATE OF MARYLAND 79-00693 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO LAST 2a. DATE OF DEATH MONTH

26 HOUR

HOURS

12b. KIND OF BUSINESS OR

IF UNDER 24 HRS

26

IF UNDER LYEAR

DAYS

INDUSTRY

Dyer

3338 Piedmont

20b. IF YES, WERE FINDINGS USED

COUNTY

BALTUL

22c. DATE SIGNED

YES [

IN CERTIFYING CAUSES OF DEATH?

NO [

STATE

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-1000-04			
		espoile Section	. (47
355 Pickers No.		Bullio.	
	as tark	white I	substratio in
Speak State Statement.	Bauerties , bast	-20-322	
	LEAST N		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbanapapers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-00694

1 DE	OF ACED ALANE													
	CEASED NAME E OR PRINT)	FIRST	115 7000	MIDOLE	LAST	T		20 DATE OF	DEATH	MONTH	DAY	YEAR	2b. HO	JR
,		John	F	oster	Bur	rchel	1. Sr.	Jan		19.	19	79	2	P
3. SE	Х	719-1	4 RACE	H YOU'S	5. DATE OF			6. AGE (IN YEA	RS LAST BIRT		IF UNDER		IF UNDER	
I	male		white	9	April	22.	1918	60		YRS.	MONTHS	DAYS	HOURS	MIN
To B	IRTHPLACE (STATE O	R FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	×1		9. BALTIMOR	E CITY C		Y OF DE.	ATH		
	Va.		U.S.	Α.	WIDOWED		MARRIED	Ralt.	imor	e Cit	35			
_	ITY OR TOWN OF D	EATH	11. NAME OF	HOSPITAL, NURSIN	NG HOME OR			12a USUAL O	CCUPAT	ION	12b.		F BUSIN	ESSC
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DHMH - 16 50M 7/77 (VR A 15 (4))

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	1 -	FOR STATE REGISTRAR		DEPARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	79-0	0695	
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4 9 5	3 SE	MALE	1 RAWhi, te	5. DATE	DEBIRTH 1916	6 AGE (IN YEARS LAST BIRTI	MONTHS DAYS	
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filled in nould be	13a	AL RESIDENCE (IF NURSING HOMEO STATE Md. 136 COUL Ba	NTY 13c CITY	ence before admission; OR TOWN 1 to .	13d INSIDE CITY LIMITS? YES NO X	130 STREET ADDRESS		
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te be execution and construction and construction the medical	16a. V	VAS DECEASED EVER IN U.S. AF (ES, NOOR UNKNOWN) (IF YES GIV YES WWI	E WAR OF DATES	10-4374	Rosalie Budz	ADDRE inski, 1307	SS	
been signed by the ottending mit. Then please remove carbo prior to buriol, cremotion, or re any injury, or other troumatic e	CERTIFICATION	Conditions, if ony, which gave rise to immediate couse to storing the underlying couse lost PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CO (b) DUE TO, OR AS A CO (c) CONDITIONS CONTRIBUT	DNSEQUENCE OF		INAL DISEASE OR CONE	206. IF YES, WERE FIND	NGS USED
he le lo no.	ERTIFIC	21a ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCUR	YES NO	YES	NO N
nding ph his certifi burial-ti d Mental	MEDICAL (OR CONTRIBUTING CAUSE ONDE. (IF EITHER, NOTIFY MEDICAL EXAMPLE) 21d. INJURY OCCURRED WHILE NOT WHILE	HOUR A.M. MON P.M. 21e PLACE OF INJUR (AT HOME, STREET, FACTOR	YY, OFFICE, FARM, ETC.)	21f. LOCATION	A CITY OR TOW		STATE
spital ar after the CTOR: After the Lifer use as the control of Health and an 21 is marked		220.1 certify that (1) (this hasp saw the deceosed alive on above, (1) [we) (did) (did no		10 79 0	3) 19 7 C		te and haur and from th	, that (1) (we) last e causes stated
the har the har toched be Dept		226. SIGNATURE	Reity	,	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	FIAN DI-	e SIGNED -1-79
TO HOSPITAL retoined by th TO FUNERAL should be dete with the State		22d. PHYSICIAN'S NAME (TYPE O	V. REDDY	•	5601; LOCHR	D SAMARI.		721239
BP	(1	urial, cremation, removal Burial	1-4-79		emetery or crematory Redeemer	23d LOCATION CITY OF TOWN	d. County	STATE
MH - 16 50M 1/76 (VR A 15 (4))	l .	eonard J. Ruck.	Inc. 5305 A	aress Rarford Re	1 101	REC'D. BY REGISTRAR	Sb. DESTRAR'S SINA	TURE

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-00696

11.	- STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG	. NO.		
	ECEASED NAME	PORI	1	EGIN	Y I	BURNHAM	20. DATE OF DEATH		30 79	SOR PM
3 SE	Female		4. RACE	WHITE	5. DATE C		6. AGE JINYEARS LAST	YRS.	MONTHS DAYS	IF UNDER 24 HRS
5 6	BIRTHPLACE (STATE OR F		US.	WHAT COUNTRY?	WIDOWE	D NEVER MARRIED DIVORCED	13.42	TO. C	ITT	MD. OF BUSINESS OR
3	BALTE		SP.	BALTO	ADDRESS)	EN.	12a USUAL OCCUP (TYPE OF WORK FOR MC	ST OF WORKING LI	FE) INDUSTRY	
5 130.	JAL RESIDENCE (IF NUR STATE MD	136 COUN	OTHER INSTITUTION, ITY ALTO	130. CITY OR TOW	N	13d. INSIDE CITY LIMITS?	13. STREET ADDRE		ONOCA	ch Ro
30	EDW/V	50	LLED	GE LAST		15. MOTHER'S MAIDEN N	A PAID	NLILI	LA:	ust —
2 160.	WAS DECEASED EVER (YES, NO OR UNKNOWN)	IN U.S. AR	MED FORCES? WAR OR DATES)	166 SOCIAL SECL		JOHN	MILLER	222		N C' CACT R
CERTIFICATION	Conditions, if any gove rise to im couse (o), stati underlying coust part 2. OTHER SIG	mediote ng the e lost.	CONDITIONS CO	Lupu	DEATH BU	econdary to	MINAL DISEASE OR CO	206. IF YE	S, WERE FINDI	INGS USED S OF DEATH?
	21a. ACCIDENT WAS UN OR CONTRIBUTING [CAUSE OF DEA	HOUR A.	F INJURY M. MONTH D M.	AY YEAR		JRRED LENTER NATURE OF		PART 1 OR PART 2)	NO Z
MEDICAL	220.1 certify that (I	ork (this hospi	tol) attended th	e deceosed from	100	211. LOCATION STREET 20 , 19 7 and that in (my) (our) opinion DEGREE	n deoth occurred on t	- 20 - ne dote and has		, that (I) (we) lost e couses stated
/	22d PHYSICIAN'S N SIVakoli	inhu	nman nathan	Pathma	natha	ATTENDING PHYSICIAN 220 ADDRESS SOM 3001, Sou	DIRECTOR PH		Cenera	il Hortstal
230	BURIAL, CREMATION (SPECIFY) BURI	, REMOVAL	236. DATE	. /	NAME OF	CATHEO AA L	BAL		COUNTY P.	
4 24	FUNERAL DIRECTOR	NEL	L, 3	ec M	ACE	AVE JAN	26 1979	RAP 25b. REGIS	TRAR'S SIGNA	ATURÉ*

DHMH - 16 25M

(VR A 15 (4)) 9/74

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours often with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Hem 21 is morked or Hem 18 shows ony injury, or other troumotic event, the medical examiner must be notified at once.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer

etoined by the hospitol or offending physicion.

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE OF DEATH (TYPE OR PRI 4 RACE 3 SEX 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHOAY) MONTH YEAR OAYS HOURS. 7-19-00 Female Negroid 78 To. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED COUNTRY Va WIDOWED T DIVORCED [city 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12h, KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Balto DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1136 COUNTY 13c. CITY OR TOWN 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? Md Balto 2320 Naveda Street 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDOLE LAST MIDDLE LAST John Coleman Rosa Taylor I 60 WAS DECEASED EVER IN U.S. ARMED FORCES 16h SOCIAL SECURITY NO 17 INFORMANT ADDRESS I (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) 5012 Dickey Hill Rd. 182-26-7919 Verna Downing APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one cause per line for (a) ub', and ic PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **IFICATION** a 198 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED d IN CERTIFYING CAUSES OF DEATH? pe buriol-tronsit p NO YES [NO F CERT 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF GEATH (IF EITHER NOTIFY MEDICAL EXAMINER) MEDIC. 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION STREET CITY OF TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE WHILE AT WORK AT WORK 220.1 certify that the (this hospital) attended the peceased from sow the deceased alive an, and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated obove, (Li (we) (did) (did not) view the body ofter death TO FUNERAL DIREC should be detoched with the Stote Dept. 22b. SIGNATURE DEGREE 22c. DATE SIGNED 4 ATTENDING MEDICAL STAFF MPORTANT: PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICAN'S NAME (TYPE O 22e ADDRESS 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE (SPECIFY) COUNTY Burial Eden_Cem Phila. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 7/77 ACORESS (VRA 15(4)) Vernon Bailey F.H. 1348 Calhoun Street

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JANITESTON PROPERTY

Isaiah L Brown & Son PA 1913 W. Balto. St.

DHMH - 16 50M 7/77 (VRA 15(4))

24 FUNERAL DIRECTOR

1 - STATE

REGISTRAR

1. DECEASED NAME

DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO 20. DATE OF DEATH 26 HOUR IF UNOFR LYFAR DAYS HOURS **BALTIMORE CITY OR COUNTY OF DEATH** more 12b. KIND OF (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 2770 Kinsey Ave. LAST

STATE OF MARYLAND

CERTIFICATE OF DEATH

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

YES [NO F 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

COUNTY

STATE

STATE

22c DATE SIGNED

DIRECTOR PHYSICIAN

Arbutus Maryland Arbutus Memorial pk.

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MPORTANT: If hem 21 is marked or hem 18 shows ony injury, or other troumatic event, the

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-00699

н	' -	REGISTRAR				CERTIF	ICATE OF DEATH		REG.		0000	
Ī	. DEC	CEASED NAME	FIRST		AIDDLE	L	AST	20	DATE OF DEATH		OAY YEAR	26 HOUR
1	(1112	OR PRINT)	Marie		Α.	1	Butera	J	anuary	28,	1979	544 M
	3. SE	(4 RACE		5. DATE C		6 A	GE (IN YEARS LAST	BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
		Femal	е	White		Ma	y 10° 191°2		66	YRS	MONTHS DAYS	HOURS MIN.
F	a BII	RTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AAA DD IE	NEVER MARRIED	9 B	ALTIMORE CITY	OR COUN	ITY OF DEATH	
2		Md.	44	U.S	. A .	WIDOWE		5	Ba	ltimo	ore Cit	y MD.
1	10 CI	TY OR TOWN OF Balto		11. NAME OF H	HEACHITY GIVE STREET	ADDRESS1	atonsville	12a (TYF	USUAL OCCUP TE OF WORK FOR MOS house	ATION STOFWORKING WITE	SLIFE INDUSTRY	ome
5	USUA 13a S	AL RESIDENCE INTATE Md.	NURSING HOME OF	OTHER INSTITUTION,	GIVE RESIDENCE BEFOR 134. CITY OR TOW Balt	'N	13d INSIDE CITY LIMITS? YES X NO		STREET ADDRES	-	e Avenu	
1	4 FA	ther's NAME FIRST		ev.	LAST		15 MOTHER'S MAIDEN N		ne		Fitz	gerald
		VAS DECEASED E LES, NO OR UNKNOWN		MED FORCES? WAR OR DATES]	166 SOCIAL SECU 213-26-		17 INFORMANT		ADI	band)		
		25 D	H WAS CAUSE	D BY: TE CAUSE (0)	R AS A CONSEQUE	30	NDEF	Re	nal	all	APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
		Conditions, if gove rise to couse (o), s underlying co	immediate toting the ouse lost.	(c)	R AS A CONSERVE	avill	Mullitue NOT RELATED TO THE TER) ·	tuy p	Carq ₁	·?.	
	NOL		Lar	yren	2 AG	1031	ed Des to	et	ful			
	CERTIFICATION	190 DATE OF OP	ERATION	O 196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	/	ES NO		YES, WERE FIND IN TIFYING CAUSES YES []	
	- 1	210. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY N	CAUSE OF DE	110110	M. MONTH D.	AY YEAR	21c. HOW INJURY OCCU	URRED	(ENTER NATURE OF II	VJURY IN ITEM I	8, PART 1 OR PART 2)	
	MEDICAL	21d INJURY OCC	OT WHILE	21e PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, I	FARM, ETC.)	21f. LOCATION STREET		CITY OR	TOWN	COUNTY	STATE
		sow the dec	eosed olivean	-7 /	e deceosed from_ 19_ ofter death.	or	19 , 19 79 and that in (my) (aur) opinio	on death	to // 2	date and h		that (I) (we) last couses stated
		22b. SIGNATURE	fu	ul (fass	Mul		XM	EDICAL S RECTOR PHY	TAFF SICIAN []	22c. DATE	29/79
		22d. PHYSICIAN' Dr		Pass			22e. ADDRESS 4001	Wi	lkens	Ave.		
	(:		rial	1/31/	79 0	edar	emetery or crematory Hill		Balt		COUNTY	Md.
	24. FU	NAME SCH NAME HOM	rimunel le, Ind	Funer	al ADDRESS 33	31 E	rehms Lane Md. 21213	N 2	9 1979	AR 25b. RF	Francis SCNA	URE - Y

DHMH - 16 50M 7/77 (VR A 15 (4))

TO HOSPITAL

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR LAST DECEASED NAME FIRST ALIQDI F 20 DATE OF DEATH 2h HOUR TYPE OR PRINTI EDITH 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH FEMALE WHITE DAYS 89 1889 H BIRTHPLACE ISTATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY UNITED STATES WIDOWED TO BALTIMORE. MD BALTIMORE CITY 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE KESWICK NURSING HOME USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS MARYLAN BALTIMORE YES TY NO THE BROADVIEW APT 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST LAST FIRST MIODLE LAST HARRY STABLER REESE TDA LIPPINCOTT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT IYES, NO OR UNKNOWN) I HE YES, GIVE WAR OR DATEST 214-01-2370 NA 40th STREET APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) CALLAN DUE TO, OR AS A CONSEQUENCE OF Conditions, if pny, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS GIVEN IN PART 1(a) DIVISION OF VITAL RECORDS, CERTIFICATION 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? YES [NO F 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 211. LOCATION 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that A (this hospital) extended the deceased from saw the deceased alive an Jan and that in (my) (por) opinion death occurred on the date and hour and from the couses stated abave, (1) (well (did) (did not) view the bady after death 226. SIGNATURE DEGREE 22t. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT. 228, PHYSICIAN'S NAME TRYPE OR PRINT 22e ADDRESS should be 231. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a BURIAL, CREMATION, REMOVAL 236. DATE CITY OR TOWN COUNTY |SPECIFY) BURIAL DRUID RIDGE CEM. PIKESVILLE BALTO. MD 24 FUNERAL DIRECTOR 250. DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 7/77 ADDRESS (VRA 15 (4)) MITCHELL WIEDEFELD HOME 6500 YORK RD.

STATE OF MARYLAND

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-00701

	REGISTRAR		CEKI	IFICATE OF DEATH	REG. NO.	
I. DEC	EASED NAME FRST DR PRINT) Irene	Soph:		LER	20 DATE OF DEATH MC	-15-79 12 3
3. SEX	Female	4. RACE White		of Birth 1894	6. AGE (IN YEARS LAST BIRTHO	MONTHS DAYS HOURS MIN
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHA	T COUNTRY?	IED NEVER MARRIED	9 BALTIMORE CITY OR	
	Maryland	USA	WIDOV		Baltimore	
B	ocito. City	Bon Such FAC	SILIDE GIVE STREET ADDRESS	or other institution Hospital	(TYPE OF WORK FOR MOST OF V	
ISUA ISO. SI Maj	TATE 136. COU	R OTHER INSTITUTION, GME NTY B	RESIDENCE BEFORE ADMISSIO CITY OR TOWN altimore	YES NO	839 Stamfor	rd Road
14. FA	THER'S NAME Thomas Re	MIDOLE	Smi th	Sophie	Anna	Wilkins
16a. W	VAS DECEASED EVER IN U.S. A ES, NO OR UNKNOWN) (IF YES, GT		SOCIAL SECURITY NO 13-24-4821			fte 99 t City, Md. 21043
CERTIFICATION	PART 2 OTHER SIGNIFICANT			UT NOT RELATED TO THE TERM	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
MEDICAL CERTIFI	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D. (# EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED NOT WHILE NOT WHILE	P.M.	MONTH DAY YEA	9 211. LOCATION	RRED (ENTER NATURE OF INJURY	Y IN ITEM 18, PART 1 OR PART 2)
	270.1 certify that (I) (this has saw the deceased alive obave, (I) (we) (did) (did 22b. SIGNATURE	nati view the bady atte	19.77	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	IAN
730	22d. PHYSICIAN TOTAL PROMOTE NO.	or M. Sabun	idayo, M.D.	220 AD PRESSE. Chi	kas 1 to	timore, Md. 21202
230.	DURIAL CREMATION, REMOVA					
	Burial	Jan.18,1	.979 Che	sterfield	Centrevi	lle, Q.A.Co, Md.

DHMH - 16 25M

(VR A 15 (4)) 9/74

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, p should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filed within 72 hours offer with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

FOR

MOUNT OF THE SAME ment bushes a succession ---AND THE RESERVE OF THE PROPERTY OF THE PARTY

e de . . Schundage, n.C. 11 . Comme et., lestinore, ed. 2128

pinitreland 1981, 1. no. . fatori

notes notes: o el octone . La rechert , electrosite, le. 21017

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requires that the death certificate be executed within 24 hours after

ITENDING PHYSICIAN. The law

TO HOSPITAL

BP.

DHMH-16 20M (VRA 15, 4) 7/7B

retoined by the hospital or attending physician.

completely filled in by the funeral dir s I and 2 should be filed within 72 hou

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and coi should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 with the State Dept of Health and Mental Hygiene prior to burial, cremation, or remayal. IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other troumatic event, the

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must be natified

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	FOR STATE REGISTRAR			DE	PARTM		EALTH AND	MENTAL HY DEATH	GIENE	79-	007	02			
1		EASED NAME	FIRST	-	MIDDLE		ı	AST		20 D/	ATE OF DEATH	MONTH	DAY Y	EAR	2b. HOU	IR
1	(1176		nna		M.		Butz			Ja	anuary .	13, 19	979		8:	50 pm
1	3 SEX	(4.1	RACE			5 DATE C			6 AG	E (IN YEARS LAST BE	RTHDAY)	IF UNDER		IF UNDER	
-		female		White			Jul		1909		69	YRS	1	DAYS	HOURS	MIN
l	7e BIF	RTHPLACE (STATE OR FORE		CITIZEN OF		JNTRY?	1	<u> </u>		9 BAI	TIMORE CITY			TH		
1	V	irginia		U.S.			WIDOWE		MARRIED		Baltimo	re Ci	tu			MD.
8	10 CI	TY OR TOWN OF DEATH	111.	NAME OF H	H FACILITY, GR	NURSING	HOME C	Spital		12e U (TYPE C	SUAL OCCUPA DE WORK FOR MOST DMEMA KE	TION	12b K	IND OF	BUSINE	
5	130 S	ld.	HOME OR OTH	ER INSTITUTION		OR TOWN	ADMISSION)	134. INSIDE	CITY LIMITS?	13e S1	REET ADDRESS		ark	Rd.		
	14 FA	THER'S NAME	MIDE	CE	L	AST		15. MOTHER	'S MAIDEN NA	AME	MIDDLE			EAST		
		Thomas			Gorm				rgaret	t		/11	Ba	hen		
2	{YI		U.S. ARMEI FYES, GIVE WA		166 SOCIA			17 INFORM			ADDI	RESS				
Ļ	N	0			166	18	3479	Clar	ence I	Butz	same	as	13 e			
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1	_	PART 2 OTHER SIGNIF											IVEN IN PA	ART 1(o)		
	Š	Cirrhosis	of li	ver, p	ost n	ecro	tic v	with p	ortal h	nyper	tension	1				
	CERTIFICATION	196 DATE OF OPERATIO	N	196 COND	TION FOR	WHICH C	PERATIO	N WAS PERF	ORMED		AUTOPSY?	IN CER	ES, WERE I FIFYING CA YES [X]			TH?
		210. ACCIDENT WAS UNDER OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICALE	SE OF DEATH	21b. TIME O HOUR A. P.	M. MON	TH DA	Y YEAR	21c HOW	NJURY OCCUI	RRED (E	NTER NATURE OF INJ	URY IN ITEM 18	S, PART 1 OR PA	ART 2)		
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		210 PLACE ((AT HOME, STR	OF INJURY REET, FACTORY,	OFFICE, FAI	RM, ETC.)	21f LOCAT STREE	ION		CITY OR TO	OWN	COUN	ΤΥ	SI	TATE
		278 I certify that (I) (A sow the deceased above, (I) (We) (did	alive on J	ottended the anuary ew the body	e deceased 12, ofter death	from	197			n deoth o	Januar			m the co	ot (I) d	e) lost oted
		Dani	4	8	Ca	2	21			MED	PICAL STA	AFF ICIAN []		DATE S -15-		
		22 PHI SICIAN'S NAM		,			-	22e ADDRE								
		James J			D.						eneral	Hospi	tal			
	230 B	URIAL, CREMATION, RE		3b. DATE					CREMATORY	23d	LOCATION CITY OR TOWN		COUNTY		ST	ATE
ļ		Burial		1/17	/79	Mea	rdow	ridge			orsey		ard			Ad.
- 1		INERAL DIRECTOR			ADD	RESS	Balt	0 212	25 JA	N 1	D. BY REGISTRA	R 25b. REGI		1 -		
	Ge	orge J. G	once	4001	Rito	hie	How	IV	JUA	14 T (19/9	pro	frey/	help	esoly	2

		1				STATE OF	MARYLAND					
6		1	FOR STATE		DEPART		TH AND MENTA		79-1	031	13	
N		Ľ	REGISTRAR				ATE OF DEATH		REG. NO	07 (100
M	c		CEASED NAME FIRST E OR PRINT)		WIDDIE	LAST		20 DA	ATE OF DEATH M	ONTH I	DAY YEAR	26 HOUR
EXAMINER Coge 4 moy be	o o o			EDITH	CABEA		BBBBB		NUARY 2		979	04:40P
F	ē s	3 SE	X	4 RACE	2	S. DATE OF B	IŘTH OAY YEAI		(IN YEARS LAST BIRTHI	DAY)	#F UNDER I YEAR	IF UNDER 24 HRS HOURS MIN
S and a story	5			L	>	5-	5-192	1	5/	YRS		
E Polo	ST. ST.		IRTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN O	F WHAT COUNTRY?	MARRIED C	NEVER MARRIED	9 BAI	TIMORE CITY OR	COUNTY	OF DEATH	
deot deot	STORY OF		MARYIDAG	4,5	· As	WIDOWED	DIVORCED	B	ALTIMOR			MD.
CAI offer of	80/	10. 0	ITY OR TOWN OF DEATH		F HOSPITAL, NURSING		THER INSTITUTION		SUAL OCCUPATION WORK FOR MOST OF		12b. KIND C E) INDUSTRY	OF BUSINESS OR
HS S			DAILO.		JOHNS HO		HOSPITA	I Ha	75 MAK	Er		
22 2 S	S Cop	130	AL RESIDENCE (IF NURSING HOME STATE 136 COL	OR OTHER INSTITUTE JNTY	ON, GIVE RESIDENCE BEFORE	N 13d	INSIDE CITY LIMI	ITS? 13e S1	REET ADDRESS	-		
NA CO	Can Can		1701.		13411c		ES NO	10	18 H. W.	O/ Con	= 51.	
田での記言		14 F	ATHER'S NAME	WIDDIE	LAST	15	MOTHER'S MAIDE	ENNAME	MIDDLE		I LAS	st *
W. W.	800		160m43		CAREY		MAV	y		1711	15	
S S	dico		VAS DECEASED EVER IN U.S. A YES, NO OR YNKNOWN (IF YES, G	RMED FORCES		RITY NO. 17	INFORMANT	-1	ADDRES		1. 7	1-
OF S	E E		No	4	240-20-	373 1	nomas	CABE	14-10	18/		
New Service	ovel.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	anly one cause p	per line for (a), (b), an	d (c)	1/11/25/3			T T	BETWEEN	MATE INTERVAL ONSET AND DEATH
Ar T	ever			ATE CAUSE (0)_	CARDIOPE	1 LMONAY	LY AMMC	351				
Soo to to	o, or notic		4371	DUE TO.	OR AS A CONSEQUE	NCE OF						
CEST deo	roun		Canditions, if any, which gave rise to immediate	(b).	REFRACTO	LY NOW	TRICULAN	2 Tax	CITYCARV	DIA		
the the Control of th	her		cause (a), stating the underlying cause last.	DUE TO.	OR AS A CONSEQUE	NCE OF			•			
	or o	13		(c)_							1	
AS NON MED BY DIVISION OF VITAL RECORDS, 201 OF RICCE	o bu	z	PART 2 OTHER SIGNIFICANT	1. 1	C 1	DEATH BUT NO	T RELATED TO THE	E TERMINAL D	ISEASE OR COND	ITION GIV	EN IN PART 10	01
	- Y io	15	COUPLE D'W	lteurt 10h CON	tailure.	OPERATION VA	/AS DEBEODATED	200	AUTOPSY?	70h IF VES	S, WERE FINDIN	NGS III D
FIE O	ws or	CERTIFICATION		170 CON	IDITION TOR WITHEIT	OFERATION W	AS FERI ORMED			IN CERTIF	YING CAUSES	OF DEATH?
TA TAS	sh of Care	ERT	21g. ACCIDENT WAS UNDERLYING	D 115 TIME	OF INJURY	121	c. HOW INJURY O		NO NATURE OF INJURY		S	ие-Д-
NA N	18 m		OR CONTRIBUTING CAUSE OF D	EATH HOUR	A.M. MONTH D	AY YEAR		CCORRED (E)	TIER HAIDRE OF HAJORT	IN TIEM IB, F	ART FOR PART 21	
Z	Went or He	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d, INJURY OCCURRED		P.M. E OF INJURY	19	LOCATION					
NSI H	o pa	ME	WHILE IT NOT WHILE IT	(AT HOME,	STREET, FACTORY, OFFICE, F	ARM, ETC.)	STREET		CITY OR TOWN		COUNTY	STATE
PNO OING	nork		22a I certify that (I) (this has	aital) attandad	Abo doctored from	1/26	19_	79 10	1/26		10 74	41 4 10 6 10 10 10
SED AFTEN ospitol ECTOR:	T is r		sow the deceased alive of		The deceased from _	,	not in (my) Our op	,		e and hou	-	that (I) (we) last
S. A. P. S. B. B. C. P. S. B. B. C. P. B. B. C. P. B. B. C. P. B. B. C. P. B.	pt. o	Н	276. SIGNATURE	view the boo	dy alter death	DEG					22c. DATE	
EAS LOK A	F H		() ann)	SOFX		mx	ATTENDI	ING MED	ICAL STAFF		1/2	,
RELEA	Stot	1	224. PHYSICIAN'S NAME (TYPE	OR PRINT!	ur		PHYSICI e ADDRESS	IAN DIRE	CTOR PHYSICI	AN DC	10	0//
RE TO HOSPI	ORT		DAVID (1814		Johns	Honk	ine Hos	nitra	0	
TO TO	with the Stot	226	BURIAL, CREMATION, REMOVA			JAME OF CEASE	TERY OR CREMAT		TOCATION	31110	^	
idad		230	SPECIAL CREMATION, REMOVA	238. DATE	-1979 M	TO 11	LIERT OR CREMAT	10KT 1230.	COTY OR JOWN	UNT	COUNTY	M STAR
1808 BP		24. F	UNERAL DIRECTOR		11/1///	1. COLV	125	o. DATE REC'D	BY REGISTRAR 2	- / - /	RAR'S SICHAT	TURE
DHMH - 16 50/ (VR A 15 (1	TICKSON FUN	Hour	-1129 H	CANA	1.15	JAN 2	9 1970	P	he he	Presiden

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEAT REGISTRAR L DECEASED NAME 20. DATE KNOWN X MONTH YEAR (TYPE OR PRINT) OF ESTI-George Calloway 79 4. RACE 6. AGE (IN YEARS IF UNDER 1 YR. . SEX 5. DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 11:08DEAD 4-0 YPG Male White 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR NEVER MARRIED FOREIGN COUNTRY) Baltimore City, MD WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS OR INDUSTRY Baltimore City Johns Hopkins Hospital CARPET USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 30. STATE 1136 COUNTY 21201 REC YES NO NORTH 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST AND BAUM GARTNER FLLOWA 50 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT WITH FOR A BOVE (YES, NO. OR UNKNOWN) I (IF YES GIVE WAR OR DATES) 219-26-8128 ME LODYE CALLAWAY UNK 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ANSIT PERMIT. PART I DEATH WAS CAUSED BY: Aspiration of food bolus IMMEDIATE CAUSE (a)_____ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. USED AS A BUR OF HEALTH AND IL, CREMATION, O PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, YES X NO HOULD BE 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL ? P.M. 1 3 19 79 CONTRIBUTING CAUSE OF DEATH Subject choked on food STATE DEPAR 21201 PRIOR 21e. PLACE OF INJURY LATHOME. 21f. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) COUNTY STATE WHILE NOT WHILE 713 N. Port St., Baltimore home Md. Autapsy X 22a. I certify that I took charge of the remains described above, held on Inspection and in my apinian Natural causes Suicide L Hamicide Undetermined manner death resulted from: Accident PAGE 4 SHOULD BE TO FUNERAL DIRECT AFTER DEATH, WITH BAITIMORE, MARYIA ACTUAL 1/4/79 SIGNATURE. MEDICAL EXAMINER EXAMINER'S NAME Virginia L. Dolan, M.D. 111 Penn Street (TYPE OR PRINT) ADDRESS 23a BURIAL CREMATION REMOVAL 23b. DATE 73r. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE 250. DATERECO. BY REGISTRAR (256. REGISTRAR'S SIGNATURE) 24 FUNERAL DIRECTOR **DHMH-17** (VR A15 ME (51) 300 CONNEL MACE 30M 7/73

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-00705 DECEASED-NAME Middle Lost 20. DATE OF DEATH EÏla 2b. HOUR Mae Campbell (Type or print) Yeor 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR IF LINDER 24 HRS lost birthday) MONTHS OAYS HOURS Female Negro 3/2/16 death. funeral ed with 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign B. MARRIED NEVER MARRIED 9 COUNTY OF DEATH country) WIDOWED # S.C. U.S.A. City DIVORCED Balto. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) innard St. during most of working life, even if retired.) INDUSTRY Balto. BALTIMORE, MARYLAND 2120 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY YES X NO Balto. 739 Linnard St. 14 FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME First Middle Robert Leach Martha Hanes 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address (Yes, no, nunknown) 215-22-2787 Mary J. Moore 739 Linnard St. APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PRESTON STREET, PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) + N & Y & Y DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) generali rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse please ₹. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 301 DIVISION OF VITAL RECORDS, 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Stomach arcinoma YES 🗀 NO TO burial, UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Dov Year (If either, natity medical exominer) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Not while at work 22a. I certify that (I) (this hospital) attended the deceased fram 19, 19, and that in (my) (our) as _, and that in (my) (our) apinian death accurred an the date and haur and fram the causes stated abave, (1) (we) (did) (did not) view the bady after death. DIRECTOR: 22b. SIGNATURE ATTENDING STAFF DIRECTOR PHYS. PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) B. Martin Middleton 3350 Wilkens Ave. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE (County) (Stote) REMOTY ALISA STITY Meadowridge Mem. Pk. Eldridge 24. FUNERAL DIRECTOR ADDRESS DHMH-16 1/71 30M Charles A. Rice 1300 eutaw Place (VR A15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR.

- STATE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filed within 72 hours after death

should be detached for use as the buriol-transit permit. Then please remove corban pape with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, or removal.

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STATE OF MARYLAND

TYPE	ECEASED NAME FIRST		MIDDLE HARRIS	LAST	20 DATE OF DEATH MONTH	DAY YEAR 2b. HOU
	MARY	MA9	gie	CAMPHOR	1-	27-79 12
3. SE	X /	4 RACE		5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER LYEAR IF UNDER
	Female	Negr	0	1 7 1896	6 83	RS.
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Wm. C. March F/H 1101 East North Ave.

- DHMH - 16 50M 1/76 (VR A 15 (4))

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be

ctor, page 3 ofter death

this 72 hour offer

ttending physician and completely filled in by the ve corbonpopers. Pages 1 and 2 should be filed w

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detoched for use as the burial-transit permit. Then please remove carbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

or attending physicion.

retained by the hospital TO HOSPITAL

BP. DHMH - 16 50M 1/76 (VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	- STATE REGISTRAR		DEFARIM		ALTH AND MENTAL HYG CATE OF DEATH	7 9 -	0010	10
	DECEASED NAME FIRST	WIE	DDLE	LAS	77	20. DATE OF DEATH	MONTH D	AY YEAR 26 HOL
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F	Pemale	Whit	te	10	05° 26°	52	YRS	ONTHS DAYS HOURS
70 B	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF W	HAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH
N	Tew York	USA		WIDOWED		BALTIMORI	E CITY	
10 0	CITY OR TOWN OF DEATH		OSPITAL, NURSING		OTHER INSTITUTION	17a USUAL OCCUPA		12b. KIND OF BUSING
1	Baltimore		cy Hosp			RECEPTION	VIST	MEDICAL
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1	DAVID		SHENKER	}	REBECCA	MODIE		KROTMÁN
160	WAS DECEASED EVER IN U.S. A	RMED FORCES?	16b SOCIAL SECUR		17. INFORMANT DR .			
	NO	, and an extension	102-20-9	9386	1 STONEHENG	E CIR., AP	Γ. #9	#21208
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME KNOWN XX MONTH YEAR (TYPE OR PRINT) John OF ESTI-L Caretti DEATH MATED 9 19 79 3. SEX 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE 2d 10 :08 LAST BIRTHDAY) PRONOUNCED white Oct 2 male 1911 DEAD 10 79 a . M 76. CITIZEN OF WHAT COUNTRY? In BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Baltimore City Maryland USA DIVORCED TO WIDOWED FILED, 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 126, KIND OF BUSINESS OR INDUSTRY Open Hearth 322 E. North Ave - laundromat Baltimore SHOULD BE RECORDS, USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY Baltimore 13d. INSIDE CITY LIMITS? St. Paul St. 21202 21201 YES X NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME 2 PA, MIDDLE Lucia Louis Caretti Brusa 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT 166. SOCIAL SECURITY NO. ADDRESS 21222 DIVISION (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES 213-07-2299 Mr. Louis Caretti 3804 Edgewater Pl. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF BURIAL-TRANSIT Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. HEALTH AND MI PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) DIVISION OF VITAL RECORDS, MEDIC MEDICAL CERTIFICATION USED 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D. AUTOPSY? OF DEPARTMENT OF PRIOR TO BURIAL, YES NO XX 8E 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21d, INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, 21f. LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P, AFTER DEATH, WITH THE SI. BALTIMORE, MARYLAND, 213 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Suicide Homicide Accident Undetermined manner TITLE (SPECIFY) 1/9/79 ACTUAL Assistant DATE SIGNATURE MEDICAL EXAMINER SIGNED EXAMINER'S NAME Hormez R. Guard, M.D. 111 Penn Street, Baltimore, MD 21201 TYPE OR PRINT) ADDRESS 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY Most Holy Redeemer 23d. LOCATION STATE Baltimore Maryland 1/16/79 Rurial
24. FUNERAL DIRECTOR 250. DATE RESP BY REGISTRAP 256. REGISTRAP & SIGNATURE SECRET **DHMH-17** Duda-Ruck Inc. 7922 WiseAve. Dundalk Md 21222 (VR A15 ME (5)) 30M 7/73

Diet Bell Anders to be interest owners.

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. > >	230	BURIAL, CREMATION, REMOVA SPECIFY) BURIAL	23b. DATE 01-29			EMETERY OR CREMATORY RE NATIONAL	23d LOCATION CITY OR TOWN BALTIMOR	E CTTV	MADS	STATE YLAND
		DOMENT	01-23	DA.	TT TLIOI	INDITONAT	DUTT THOU	OTIL	LIMILI	I LAND

DHMH - 16 50M 7/77

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FOR

REGISTRAR

L DECEASED NAME

- STATE

City 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Law 4305 Loch Raven Blvd. Schmidt Mrs.Rita M. Carney 4305 Loch Raven Blvd DECUBITI, SACRAL, FEET PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) IN CERTIFYING CAUSES OF DEATH? YES M 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated STATE Balto County 250. DATE REC'D. BY REGISTRAN 256 BY SISTEMBLE STATEMENT OF THE STATEMENT 24. FUNERAL DIRECTOR Mitchell-Wiedefeld Home 6500 York Rd.Bal.Md.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2h HOUR

HOURS

IF UNDER 24 HRS

IF UNDER 1 YEAR

MONTHS DAYS

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Carlotte Committee in	AL C. BO. CEST.	ALL TO LONG B	O L'AMPAG	AV-150 BUL

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE OF DEATH 7h HOUR (TYPE OR PRINT) ARTHUR 3. SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) Male Negro 10/24/10 69 Ja BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH COUNTRY NEVER MARRIED U.S.A. Baltimore 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 17h KIND OF BUSINESS OR S. Payson ST (TYPE OF WORK FOR MOST OF WORKING LIFE) Balto. INDUSTRY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 WSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE SEFORE ADMISSION 13h COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? Md. City Balto. Payson S I FATHER'S NAME 15 MOTHER'S MAIDEN NAME 2 6 Dan MIDDLE Carr Sarah LAST Jennings 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16b SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 218-01-0488 Isadore Jennings 3062 Ascension St No. 18 CAUSE OF DEATH Enter only one cause per line for to , (b , and to APPROXIMATE INTERVAL BETWEEN ONSET AND DE PART I. DEATH WAS CAUSED BY-LARCINOMA DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. ā PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION PHUSEMA CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOT YES [NO F 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION ö AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK 220.1 certify that (1) (the hospital) attended the deceased from JANUARY sow the deceased alive on DEC. and that in (my) ppinion death occurred on the date and hour and from the causes stated abave. (1) (did not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED -ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 10 FUNERAL MPORTANT: 224 PHYSICIAN'S NAME (TYPE OR PE 22e ADDRESS ld b 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (SPEC Burial CITY OR TOWN Cedar Hill 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 Charles A. Rice 1300 Eutaw Place (VR A 15 (4))

STATE OF MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20. DATE OF DEATH I. DECEASED NAME 2h HOUR TYPE OR PRINT NAPOLEON REV 1870 3 SEX 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IE UNDER 24 HRS MONTH HOURS 12 M BIRTHPLACE ISTAN OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** NEVER MARRIED MARRIED WIDOWED DIVORCED | ID CITY OR TOWN OF DEATH 126. KIND OF BUSINESS OR 17ª USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRA HOPKINS JOSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 113h COUNTY 13c. CHY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS yel 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDL MIDDLE 1.451 VAS DECEASED EVER IN U.S. ARMED FORCES?
YES, NO OR JUNIOUN) (IF YES, GIVE WAR OR DATES) 140 10M APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY Careliovascular collapse IMMEDIATE CAUSE (0)_ PRESTON DUE TO, OR AS A CONSEQUENCE OF Myscordial 16hrs Conditions, if ony, which gave rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last Atherosilerosis PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) DIVISION OF VITAL RECORDS, CERTIFICATION the buriol-transit permit ond Mental Hygiene prior 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? shows NOF YES T NO F 210. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Hem (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 211 LOCATION orked or 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK AT WORK 220.1 certify that (1) (this hospital) attended the deceased from_ _, that (I) (we) lost DIRECTOR sow the deceased alive on_ _, and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the body after death be detoched to e Stote Dept. 22b. SIGNATURE 22c DATE SIGNED DEGREE * ATTENDING MEDICAL STAFF (M.D DIRECTOR PHYSICIAN PHYSICIAN MPORTANT RZDPHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS should be with the S anles Abbouzzese 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY STATE COUNTY 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 25b. DHMH - 16 50M 7/77 NAME (VRA 15(4))

- STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DHMH - 16 50M 7/77 (VR A 15 (4))

Wm. C. March F/H 1101

FOR - STATE

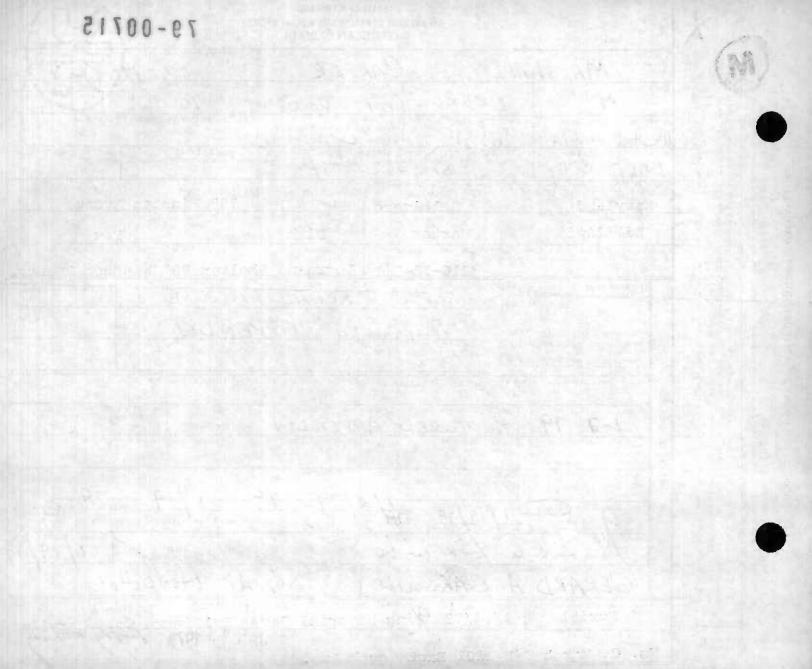
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-00715

1		REGISTRAR		CERT	IFICATE OF DEATH	REG. NO.				
		CEASED NAME FIRST MARSH	ALL MIDI	C	ILTER	20. DATE OF DEATH MON	- 19 - 79 7 45 M			
	3 SE)	M	Nec	SRO MO	E OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS HOURS MIN			
3		ST VIRGINIA	U.S.	A . MARE	RIED NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR CO	OUNTY OF DEATH MD.			
Li	B	ALT. City	(IF NOT IN SUCH FA	SINAI	FOS P.	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	PRKING LIFE) 126. KIND OF BUSINESS OR INDUSTRY			
3	13a S	AL RESIDENCE HE NURSING HOME OR OF OT A TABLE MARY LAND		ve residence before admission E. CITY OR TOWN Baltimore	134 INSIDE CITY LIMITS?		ton Avenue			
1	14 FA	William Milliam	C	Carter	15. MOTHER'S MAIDEN NA Diah	WIDDIE	Fox			
/	16a W	VAS DECEASED EVER IN U.S. ARMI YES, NO OR UNKNOWN) 1 IF YES, GIVE W	AR OR DATES)	16 SOCIAL SECURITY NO 1216-18-741		Shelton 707	Winston Avenue APPROXIMIT INTERVAL BETWEEN ONSET AND DEATH			
	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR A (b) DUE TO, OR A (c)	S A CONSEQUENCE OF	RED AY	PEN DIX	ON GIVEN IN PART 1(6)			
9	AL CERTIFICATION	190. DATE OF OPERATION 1-2-79 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)	Rup 1	TURED A NJURY MONTH DAY YEA	APPENDIX		b. IF YES, WERE FINDINGS USED I CERTIFYING CAUSES OF DEATH? YES NO I			
1	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF (AT HOME, STREET	INJURY , FACTORY, OFFICE, FARM, ETC.)	211. LOCATION	G CITY OR TOWN	COUNTY STATE			
		270. I certify that (I) this hospital saw the deceased alive an above (II) (we) (did) (did not). 27b. SIGNATURE		19 19	nnd that is (my) (pur) apinion DEGREE ATTENDING PHYSICIAN	deoth occurred on the dote of	ond hour and from the causes stated			
1		SERARD	A. GI	ARGUILE	220 ADDRESS SIX	TAI Hos	pital			
		BURIAL, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE 1/24/	- 2/.	FCEMETERY OR CREMATORY Memorial Par		county state			
	24. Ft	UNERAL DIRECTOR	HILE	ADDRESS	25a. DA	JEДЕНОЗУ 3 СТ979 5.	RECOURAGESIGNATURE TRANSP			

East North Ave



			1-	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 79-007	16
3	(BA)			EASED NAME FIRST	MIDDLE	AST A	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
><	e e e e e e e e e e e e e e e e e e e	-	(1176	mary		Carter.	1-24-79	8 3 AM
0	moo moo	700	3 SEX		4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
22	Page 4 director			F	B.	3 25 1895	8 3 YRS	MONTHS DAYS HOURS MIN
-	n. Pa	الراق ال		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED DEVER MARRIED	9 BALTIMORE CITY OR COUNT	
2	death unerg	of onc		Vac	481	WIDOWED DIVORCED	Baltimore Ci	ty MD.
5	ins after death. by the funeral filed within 72 h	potitied	10 C1	Baltimore	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACHETY, GIVE STREET	IG HOME OR OTHER INSTITUTION ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR INDUSTRY
212(in in be f	pe	USUA 13a S	L RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION GIVE RESIDENCE BEFOR	ADMISSION)		01
LAND	0 0 + 0	er must		TATE 136 COUN	ITY IS CITY OR TOW	13d INSIDE CITY LIMITS? YES 12- NO 115 MOTHER'S MAIDEN NA	4516 Manor	done Rd.
RARYI	amplete	expresion	14 FA	FIRST A	AIDDLE LAST	FIRST	WIDDLE	LAST
IIM GRA	N 2 2 2	medical		(AS DECEASED EVER IN U.S. AR/ ES, NO OR UNKNOWN) (IF YES, GIVE	war or dates) 213-12-	RITY NO. 17. INFORMANT	Carter 4	516 Manordine
W. PREGIA	s that the death certificate ed by the attending physical ease remove carbon paper and, cremotion, or removal.	r, or other troumotic event, th		Canditions, if any, which gave rise to immediate cause (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUE	the Squomas	us cell ca of line and rodes.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 VEN IN PART Lig
DIVISION OF VITAL RECORDS, 201	os beer bermit ne prior	ws ony injury,	CERTIFICATION	190. DATE OF OPERATION		OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF Y IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? IES \(\text{VO} \)
ITAI		18 sho	CERT	210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	
OF.	SICIAN: TI ng physici certificate irral-transit	Jem 4	-	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH D.	AY YEAR		
ISION	H Pis	à /	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	211 LOCATION	CITY OR TOWN	COUNTY STATE
á	Z # 8 #	morked			(a) ottended the deceased fram_	1/4 1079	1 1 1 - 24 -	. 19 7 9 , that (I) (we) lost
	ATTENI spital CTOR: far us of He	21 is		saw the deceased alive an obove, (1) (we) (did) (did no	1-24 19		death accurred on the date and ha	
		. If Item		22b. SIGNATURE	· Comis 14	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1) 24/79
	= 0 10 0 10	REANT		22d. PHYSICIAN'S NAME (TYPE OF		22e. ADDRESS	outabello 7%	igulal
,	TO HOSP retoined TO FUNE should o	IMPOR		ELSA M.	GORIS	2201 aug	m Dr. Bal	to med - 71518
78/	4 BP		23a. B	34 F 13	1-29-79 23c.1	Edar Hill	23d. LOCATION CITY OF TOWN	COUNTY STATE
	DHMH - 16 50M 1/76 (VR A 15 (4))		24. FL	ance wall	ace 3405 /	= Vanklin St FE	B 13 1979	STRAR'S SIGNATURE

	1.	FOR - STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYO ICATE OF DEATH	GIENE 7	9 - 0	0717	
n £		CEASED NAME FIRST		MIDDLE	0	A5T	2a. DATE OF DEATH	MONTH E	2 - 1809	2b HOUR
deo deo		Oscar	Leaver	(ar	122	1.05	1-1	1-1/1/	1. 10 W
ge 4 restor, p	3. SE	MALE	1 RACE	4CK	S. DATE C	Unkn.	6 AGE (IN YEARS LAST BIRT		AONTHS DAYS	HOURS MIN
heral direction 72 hours		RTHPLACE (STATE OR FOREIGN OUNTRY) Unkn.		WHAT COUNTRY?		D NEVER MARRIED	9. BALTIMORE CITY O			MD
urs ofter de by the fur filed within	10 C	Balto.	11. NAME OF		IG HOME (OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOSTO Unkn.	ON	126. KIND O	F BUSINESS OR
BALTIMORE, MARYLAND 2120 cote be executed within 24 hours varican and campletely filled in by spers. Pages 1 and 2 should be fill val. t, the medical examiner must be not, the medical examiner.	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU	NTY	13c. CITY OR TOW Balto.	ADMISSION)	13d. INSIDE CITY LIMITS?	0422 1/ 71			
MARYLE ed within mpletely and 2 sh		kn. First	MIDDLE LAST			15. MOTHER'S MAIDEN NA FIRST UNKn.	MIDDLE		LAS	T
IMORE,	Un	VAS DECEASED EVER IN U.S. AI (JES, NO OR UNKNOWN) (JEYES, GIV	RMED FORCES? /E WAR OR DATES)	215-16-92		17. INFORMANT	ADDRE	SS		
RDS, 201 W. PRESTON ST. equires that the death certif n signed by the attending p Then please remove carban to burial, cremotian, ar rem injury, or other traumatic eve	NO	Conditions, if ony, which gove rise to immediate cause (b), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	(b)	DR AS A CONSEQUE DR AS A CONSEQUE LATERAT	ENCE OF	Deby chesting electro lights Profess NOT RELATED TO THE TERM	mal nution balant in balant in balant	Tub	en alus 1	
L RECOIL L RECOIL L Box re Do. Do. Do. Do. Do. Do. Do. Do	CERTIFICATION	190 DATE OF OPERATION	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	, WERE FINDIN YING CAUSES	OF DEATH?			
DIVISION OF VITAL RECORDS, 201 W. ING PHYSICIAN. The law requires that rathending physician. Wher this certificate has been signed by 1 as the buriol-transit permit. Then please ith and Mental Hygiene prior to burial, cr	MEDICAL CER	210. ACCIDENT, WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	HOUR A	OF INJURY M., MONTH D. M. OF INJURY TREET, FACTORY, OFFICE, F	19	211. LOCATION STREET	CITY OR TOW		COUNTY	STATE
OR ATTEND OR ATTEND Le haspital or DIRECTOR: A Director use Dept. of Heal	2	WHITE ATWORK NOT WHITE ATWORK 22a.1 certify that (1) (this hasp saw the deceased alive or above, (1) (we) (did) (did not 27b. SIGN ATURE Agrung	oital) attended t	he deceased from	12	nd that in (my) (aur) apinian DEGREE ATTENDING PHYSICIAN [death accurred on the do	ite and haur		
HOSPI ined to build be build be		22d PHYSICIAN'S NAME (TYPE	ORPRINT)	m. m.	0.	2600 Lih	orly Hexel	tos	Pital.	mor e
20 BP	23a. [BURIAL, CREMATION, REMOVA SPECIFY) Removal	L 23b. DATE	7-79 236.1	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	P	COUNTY	Candles Candles
DHMH - 16 50M 7/77 (VR A 15 (4))		UNERAL DIRECTOR NAME Anatomy Board	655 W.	Balto. St	. Bal		CAN GE BANK CO. PART	25b. REGISTI	RAR'S SIGNATI	URE

79-00717		
for with content		
	Lines ducurrent	a the weether
		Vested
		1

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral directions about be detached for use as the burial-transit permit. Then please remove corban papers. Pages I and 2 should be filled within 72 have with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

MPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other traumatic event, the medical

STATE OF MARYLAND FOR,

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-00719

1	REGISTRAR		CERTIFICATE OF	DEMIII	REG. N	0.				
	1 DECEASED NAME (TYPE OR PRINT) HURI	Fielding			20. DATE OF DEATH	1-9-7	1 26. HOUR 2 AM			
	Male Male	Caucasian	5. DATE OF BIRTH	18		O YRS	DAYS HOURS MIN			
G	Tennessee	USA	MARRIED DNEVE	R MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH Baltimore City MD.					
/	Baltimore /	(IF NOT IN SUCH FACILITY, GIVE STRE	H FACILITY, GIVESTREET ADDRESS			The USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY AA County Emp. Retired				
1	USUAL RESIDENCE (IF NURSING HOME OR COLON)	TY 13c CITY OR TO PASAGE	Pasadena 134 INSIDE CITY LIMITS? 13			13. 1447 Bruerneck Road				
2	Carlos	Case	e I	r's maiden nam Edna	WIDDLE		ampbell			
	160 WAS DECEASED EVER IN U.S. ARN (XES, NO OR UNKNOWN) (IF YES, GIVE Y		B-9792 Mrs		ora Case,		ne as 13			
	Conditions, if ony, which gove rise to immediate couse iol, stating the underlying couse lost	BY: CAUSE (0) DUE TO, OR AS A CONSEO (b) DUE TO, OR AS A CONSEO (c)	AM (-		PSIS		PPROXIMATE INTERVAL WEEN ONSET AND DEATH			
	PART 2 OTHER SIGNIFICANT CO		NTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMI			200. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO NO				
	TIO ACCIDENT WAS UNDERLYING OR CONTRIBUTING AND RODERTY OR CONTRIBUTING AND RODERTY OR CONTRIBUTION OF THE FITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22d I certify that (1) (this hospite sow the deceased plive on above. (1)) (we [idid] [idid not) 22d PHYSICIAN'S NAME (TYPE OR)	P.M. 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE DI) ottended the deceosed from view the body offer death.	DAY YEAR 19 211 LOCA STRE	19 19 19 19 19 19 19 19 19 19 19 19 19 1	CITY OR TO	wn count	STATE , tho (I) (we) lost			
	PATRICIA	A. SNELL	0	ME	PRCY	- 250				
	230 BURIAL, CREMATION, REMOVAL (SPECIFY Burial 24 FUNERAL DIRECTOR		Glen Haver	Mem.P	K. Glen I	Burnie, A.				
		ley, Glen Bu	rnie,Md.	JAI	N 1 2 1979		Cheely.			

DHMH 16 50M 1/76 (VR A 15 (4))

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FOR STATE REGISTRAR			DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIENE 7	9-00720	
DECEASED NAME	FIRST	MI	DDLE	LAST	28 DATE OF DEATH	MONTH DAY YEAR	26. HOUR 40
SI	IRLEY_	V L	. CA	SPER		1 9 79	2 PM
SEX	4	RACE	5. DATE	OF BIRTH	& AGE (IN YEARS LAST BIRT	THDAY) IF UNDER LYEAR MONTHS DAYS	
remal	E	00101	e 07	20 25	53	YRS	
BIRTHPLACE (STATE OR COUNTRY)	FOREIGN 71			ED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
MARYLAND		U.S.A			BALL	IMORE CITY	
CITY OR TOWN OF DE	ATH I	(IF NOT IN SUCH	DSPITAL, NURSING HOME FACILITY, GIVE STREET ADDRESS)		12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O HOMEMAKER		OF BUSINESS OR
BALTIMORE	SING HOME OR O	THER INSTITUTION, G	AGNES HOSE WE RESIDENCE BEFORE ADMISSION	LITAL	· HOTHER HANDIN		
STATE 136 COUNTY 134. C		HALETHORPE	134. INSIDE CITY LIMITS?	130 STREET ADDRESS 1107 MEAD	OWLARK DRIV	E, 21227	
FATHER'S NAME	MI	DDLE	LAST	15. MOTHER'S MAIDEN N	MIDDLE		LIE
VANCE Manual DECEASED EVE	DINITIC ADAA	ED EORCESS II	JENKINS SOCIAL SECURITY NO.	ELIZABE'	ADDRE		LIE
(YES, NO OR UNKNOWN)	(IF YES, GIVE W						01000
NO			216-18-6110	MARY E. HAR	DY, 4859 Mel		
18 CAUSE OF DEA PART I. DEATH V	VAS CAUSEĎ IMMEDIATE) v, which imediote	CAUSE (0) DUE TO, OR	Cerebellar (AS A CONSEQUENCE OF AS A CONSEQUENCE OF	and brainst	um infare		XUMATE INTERVAL 1 QNSEI AND DEATH Gays
underlying caus	3	(c)	AS A CONSEGUENCE OF				
	Left G	UPPUL	1-1 0	T NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART 1	(0)
19a DATE OF OPERA	ATION	196 CONDITI	ON FOR WHICH OPERATION	ON WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
21a. ACCIDENT WAS UN	IDERLYING	216. TIME OF	INJURY	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 OR PART 2)	

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING _ CAUSE OF DEATH MEDICAL P.M (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21e PLACE OF INJURY 211 LOCATION 214 INJURY OCCURRED (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK 22a.1 certify that (I) (this hospital) attended the deceased from that (1) (we) last sow the deceased alive Dn abave, (1) (we) (did) (did not) view the. (our) Dpinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL ATTENDING PHYSICIAN DIRECTOR | PHYSICIAN 22ª ADDRESS

BP DHMH-16 20M (VRA 15, 4) 7/7B

TO FUNERAL DIRECTOR

should be detached for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

TTENDING

HOSPITAL

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Hem 18

morked or

MPORTANT: If Item 21 is

23a. BURIAL, CREMATION, REMOVAL (SPECIFY)

CREMATION 01-11-79 LOUDON PARK CREMATORY 24 FUNERAL DIRECTOR 21229 HUBBARD FUNERAL HOME, 4107 WILKENS AVE.

INC.

23b. DATE

CITY

COUNTY

MARYLAND

23d LOCATION CITY OF TOWN

BALTIMORE

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR 20. DATE OF DEATH I. DECEASED NAME MIOOLE 2b. HOUR TYPE OR PRINT Helen E . . CAVEY 30, 1979 8:06P January abod 3. SEX 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHOAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH YEAR OAYS HOURS Female Caucasian 1901 June BALTIMORE CITY OR COUNTY OF DEATH TE CITIZEN OF WHAT COUNTRY? JE BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY Baltimore City U.S.A Marvland DIVORCED TX WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 176. KIND OF BUSINESS OR Baltimore "MaryTand General Hospital TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY erk Bakerv USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 113c CITY OR TOWN 134 INSIDE CITY LIMITS? 13e. STREET ADDRESS 4252 Shamrock Avenue 21206 Maryland Baltimore YES X I FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST FIRST MIDDLE LAST William Schellenberger Marv Groppe The WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO 17 INFORMANT Shirley Lastmer (niece) Belair.Md.21014 I # YES, GIVE WAR OR OATES] (YES, NO OR UNKNOWN) No 217-26-5532 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I, DEATH WAS CAUSED BY. Metastatic Breast Carcinoma IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION Hypertension 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NOL YES | NO [sho 71a. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2) 216. TIME OF INJURY Hem 18 HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that XIX (this hospital) attended the deceased from January saw the percessed alive an January 30 to 79 and the January saw the deceased alive an January 30 and that in (aur) apinion death occurred on the date and hour and fram the causes stated 226 SIGNATURE DEGREE 22c, DATE SIGNED ATTENDING MEDICAL -30 - 79PHYSICIAN DIRECTOR | PHYSICIAN MPORTANT 224 PHYSICIAN'S NAME (TYPE OF PRINT) 22s ADDRESS Jimmie R. Stone, M.D.

DHMH-16 20M

0

(VRA 15, 4) 7/78

Home. Inc

(SPECIFY)

Burial

230 BURIAL, CREMATION, REMOVAL

Strick Funeral

23b. DATE

Baltimore Cemetery 9705 Belair Road 150 DATE REC'D. BY REGISTRAR 156 REGISTRAR'S SIGNATURE Balto.Md. 21236

231 NAME OF CEMETERY OR CREMATORY

c/o Maryland General Hospital

23d. LOCATION Baltimore.

COUNTY Md.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR				CEKIII	ICATE OF DEATH		REG. N	9 0	0161		
Sec.		CEASED NAME	FIRST	AID	DOLE	L	AST	2e. DATE C	OF DEATH	MONTH	DAY YEAR	26 HOUR	
	(,		MYRTLE		CH	AMBERS	5	JANUA	RY	21	1979	4:40 Am	
	3. SE	(,	4 RACE		5 DATE O	F BIRTH	& AGE (IN	YEARS LAST BIRT	THDAY	IF UNDER 1 YEAR		
hours aft	1	EMA	E	Whi	E	//-	- 5- 1910	68 YRS MONTHS DAYS HOURS					
		RTHPLACE (STAT	E OR FOREIGN	TE CITIZEN OF WI	HAT COUNTRY?	8 MARRIET	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH					
in 72 lin	10	CARVLI	900	11.5.	H.	WIDOWE		BALT	IMORE	CITY		MD	
led with		TY OR TOWN O	FDEATH		FACILITY, GIVE STREET	ADDRESS)	PTTAT.	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY					
must be fa	13a S	AL RESIDENCE (I	13b COUN	ROTHER INSTITUTION, GI		E ADMISSION]	136. INSIDE CITY LIMITS?	13e. STREET	ADDRESS	3057	nn)	905	
2 she	14. FA	THER'S NAME			KIIII I	<i>O</i>	15 MOTHER'S MAIDEN NA	ME		NO 16	1101	1.0.6	
D	1	hpist	-,An)	MIDDLE	oh IFE	75	INLER	25ny	MIODLE		いわ/ =	PF	
0.0			EVER IN U.S. AR		M SOCIAL SECU	IRITY NO.	17 INFORMANT		ADDR	ESS	2203	POSTON	
Poges medical	{1	ES, NOTOR UNKNOW	N] (IF YES, GIVE	E WAR OR DATES]	0207-	7252	ochoistin)	5 Cm	BTOI	oht	57	2001010	
the - ers		IL CAUSE OF	DEATH (Enter or	nly one couse per lir	and for the little and	dicit	CARACITICE	- 000	K./K/	71/1	APPRO	XIMATE INTERVAL	
emovo event,		PART I. DEA	TH WAS CAUSE	D BY DA	IEUMONIA	a ic.					BETWEEN	ONSET AND DEATH	
		401	IMMEDIA	TE CAUSE (a)									
ation, or troumatic	7	7 5 6		DUE TO, OR	AS A CONSEQUE	ENCE OF							
frav		Conditions, if gove rise to	immediate	(p)									
l, crem ather 1		underlying		DUE TO, OR	AS A CONSEQUE	ENCE OF							
or o		0.010.01.50		(c)									
lury,	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART MULTIPLE SACRAL DECUBITUS											(0)	
ony in	CERTIFICATION	19a DATE OF O				OPERATION	N WAS PERFORMED	20a AUT	OPSY?	20b IF YE	S, WERE FIND	INGS USED	
d o m	FIC									IN CERT	IFYING CAUSE	S OF DEATH?	
s de	ERT	21a ACCIDENT W	AS UNDERLYING	21b. TIME OF I	INILIRY		21c HOW INJURY OCCUR	YES	NO X		ES CORRARIO	но 🗌	
E 6		OR CONTRIBUTING	CAUSE OF DEA	HOUR A.M.	MONTH DA	AY YEAR	The trade is specifically and the specifical	(Eldien	ALTONE OF 11130	AT IN TIEM TO.	ran (On rant 2)		
Aent r Her	MEDICAL	(IF EITHER, NOTIFY	MEDICAL EXAMINER)	21e PLACE OF	INTUINING THE	19	211 LOCATION						
h and M	ME	WHILE D	NOT WHILE	(AT HOME, STREE	T, FACTORY, OFFICE, F		STREET		CITY OR TO	WN	COUNTY	STATE	
de all		22a I certify th	at (1) (this hospi	ital) attended the	deceased from	NOVEME	BER 11 178		NUARY			, that $(K(we) lost)$	
of h		sow the di obove, (MX	we) (did) and a	JANUARY	21 19 75 ter death.	9 on	d that in (Xy) (our) opinion	death occurr	red on the d	ate and ha	ur and from the	e couses stated	
Herr		226 SIGNATUR		Port 1	1//	7 "	DEGREE				22c DATI	ESIGNED	
T. H		Ch//	my of	Malana	un/h. Y	In, 1	10 ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAI	FF CIAN [3]	1-2	21-79	
AN		224. PHYSICIAN	I'S NAME (TYPE O	R FRINT)	11.1		22R ADDRESS						
with the		CLIFF	ORD MAL	ANOWSKI M	1. D.		c/o Marylan	d Gene	eral H	ospit	al		
3 3-	23a E	URIAL, CREMAT	ION, REMOVAL	23b. DATE	23 c. h	NAME OF C	EMETERY OR CREMATORY	234 LOC				STATE A	
	(BURI	Th	1275-	79 19	PAHO	MATCEM	/	3911	7	COUNTY	my	
14 2011	24. FU	INERAL DIRECT	OR /		100arr	401	(S) 250. DAT	E REC'D. BY	REGISTRAR	25h REGIS	RAL'S SIGNA	High sada	
1-16 20M 5, 4) 7/78	01	MANA	7WF	FRIC	PARTS /	nn	3/FSTAP1	AN 2	1979	pe	Mary		

6010 REISTERSTOWN RD., BALTO., MD 21215

FOR

(VR A 15 (4)) 9/74

STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE OF DEATH (TYPE OR PRINT) 21, 1979 Chapman January Lula G. 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR HOURS 21, 1911 67 yrs White Female Dec. O BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY North Carolina Baltimore city WIDOWED II CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 711 West 33rd Street Retired Baltimore DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 13b COUNTY 136 CITY OR TOWN 711 West 33rd Street (21211) 13d INSIDE CITY LIMITS? Baltimore YES TX Maryland 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST Unknown Unknown In WAS DECEASED EVER IN U.S. ARMED FORCES 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) 21,5-03-8780 James T. Almoney-11:32 Medfield Ave. No APPROXIMATE INTERVAL 18 CAUSE OF DEATH Enter only one couse per line for (a) INFARCTION PART I. DEATH WAS CAUSED BY: IMMEDIATE IMMEDIATE CAUSE (0 Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) CERTIFICATION 0 90 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? pe NO YES [NO [Mental Hygi 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE 220.1 certify that (I) (this hospital) attended the deceased from... sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death DIREC DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN be detar MPORTANT: 22d. PHYSICIAN'S NAME ITYPE OF PRINT 22e ADDRESS old b ÷ 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL STATE Baltimore, Maryland Druid Ridge Cemetery Burial DHMH - 16 60M 1/75 A. Alan Seitz Funeral Home 3818 Roland Ave. (VR A 15 (4))

STATE OF MARYLAND 0 II (V FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-00725 - STATE CERTIFICATE OF DEATH REGISTRAR REG NO LAST DECEASED NAME 20. DATE OF DEATH (TYPE OR PRINT) NATHAN CHAPMAN JANUARY 10:30F 4 RACE 3 SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS. 1916 MONTH MALE BLACK DAYS HOURS. 62 1020 16 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED T NEVER MARRIED BALTIMORE CITY Links. WIDOWED DIVORCED [IR CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12b KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE UNKN . THE HOLIN SUCHOLINY STREET POPESSINS INDUSTRY BALTIMORE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13g STATE 136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13c. CITY OR TOWN LANVALE STREET NO 2022 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRS1 MIDDLE LAST UNK. LINK ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT LYES NO OR LINKNOWN I (IF YES, GIVE WAR OR DATES) 237-20-9016 Clara Hubbard 2022 East Lanvale Street Unkn- No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to DUE TO, OR AS A GONSEQUENCE OF Conditions, if ony, which amos Ulmonozo gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. 3 tro 100 ple PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 DIVISION OF VITAL RECORDS, CERTIFICATION 0 any 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [NO [Hygie 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH ento! MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 21d INJURY OCCURRED 211. LOCATION 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK 220.1 certify that Highlis hospital) attended the deceased from sow the deceased alive on DIRECTOR and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove (we) (did) (did) on view the body ofter death 22b. SIGNATUR 22c. DATE SIGNED DEGREE ATTENDING MEDICAL 4 FUNERAL E DIRECTOR | PHYSICIAN PHYSICIAN [22d. PHYSICIAN'S NAME (TYPE OR PRINT 22e ADDRESS MPORT/ 23a. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE chyBartimore, Maryland Buria Romeval Mt. Calvary Cem. 250. DATE REC'D. BY REGISTRAR 256. REOFTRAR'S SIGNATUR March F North Ave DHMH - 16 50M 7/77 (VR A 15 (4))

S. 7

BP. DHMH-16 50M 7/77 (VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG	IENE 79-	007	26		
	I. DEC	CEASED NAME FIRST	M	IDDLE	·	AST	20. DATE OF DEATH	ONTH I	DAY YEAR	26. HOUR	
Coll. I	(1110	Alm	4		Ch	ATMON		2 - 79	4 13 A.M		
	3. SE		4 RACE		5. DATE C	OF BIRTH	6 AGE IN YEARS LAST BIRTH	DAY	IF UNDER 1 YEAR	IF UNDER 24 HRS	
	F	Female Black			MONTH OS	DAY YEAR	73	YRS.	MONTHS DAYS	HOURS MIN.	
2		RTHPLACE (STATE OR FOREIGN	100	HAT COUNTRY?	8.		9 BALTIMORE CITY OR COUNTY OF DEATH				
	CC	OUNTRY) Va.	11.5.	A-	WIDOWE	D NEVER MARRIED DIVORCED		C	Ty	MD.	
1.	10 CI	TY OR TOWN OF DEATH			HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATIO			F BUSINESS OR	
4		BATTO, -	Luthera		Tal 1	of md.	(TYPE OF WORK FOR MOST OF	WORKING LIF	EI INDUSTRY		
2	T3a. S	AL RESIDENCE HE NURSING HOME OF	OTHER INSTITUTION, C	GIVE RESIDENCE REFORE A	ADMISSION !	1134 INSIDE CITY LIMITS?	13e STREET ADDRESS				
0		md.	,,,,	BAL		YES NO 4	711 Acade	NUL	ave-	21228	
0	14. FA	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	ME MIDDLE	1	LAS		
50		Allen	#Sal	(Ju			£ A3		
0		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECUR	ITY NO.	17. INFORMANT	ADDRES	S		Mark Mark	
0	- 11	NO (FIES, GIV	E WAR OR DATES)			Andrew Ch	Atman 1	636	Loen	nan Ct	
		18. CAUSE OF DEATH (Enter or	nly one cause per l	ine far (o), (b), and	(C1.)				APPROXI BETWEEN O	MATE INTERVAL	
	-3	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	TE CAUSE (0)	EPATO-10	ENA	~ PANURO					
		15/1 IMMEDIA							0 00		
		Conditions, if ony, which		AS A CONSEQUEN	TEN P	ca		•	3000		
		gave rise to immediate) (0)								
		couse (a), stating the underlying cause last	DUE TO, OR	AS A CONSEQUEN	PE INS	TOMA OP B	14 mets		4030		
		PART 2 OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO D				ITION GIV	EN IN PART 112		
	Z	TAME OF THE OF THE PARTY				THE TENNE	WALL DIGE ON COND		Els west life		
N	CERTIFICATION	190. DATE OF OPERATION		FOR WHICH OPERATION WAS PERFORMED			20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT				
52	IFIC	1/5/79	OBSTR	u cotub Jan	MIC =	56, 16 BILLE DUCT C.	YES T NOTH	OF DEATH?			
0	ER	21a. ACCIDENT WAS UNDERLYING				21c HOW INJURY OCCURR			ART I OR PART 2]		
7		OR CONTRIBUTING CAUSE OF DE.		MONTH DA	Y YEAR						
	MEDICAL	116 EITHER, NOTIFY MEDICAL EXAMINER	21e. PLACE O			21f. LOCATION					
	ME	WHILE IT NOT WHILE IT	(AT HOME, STRE	ET, FACTORY, OFFICE, FA	RM, ETC.]	STREET	CITY OR TOW	4	COUNTY	STATE	
		22a. certify that (1) (this hosp	ital) attended the	deceased from	1	2 /7 10 70	10 VAN 2	2	10 79	that (1) (we) lost	
		sow the deceased alive on	JAN	22 19 7	19_0	nd that in (my) (our) opinion of		e and hou	,		
		above, (I) (we) (did) (did no	ot) view the body o	ifter death.		DEGREE			22c DATE		
		DATE	llen			MA ATTENDING _	MEDICAL STAFF			0.0.125	
_		226. PHYSICIAN'S NAME ITYPE C	AD DOMEST			PHYSICIAN _	DIRECTOR PHYSICI	AN			
1		P.G.V	ALLE	Te Harr		Luttera	N HOSPITA	-			
	230 E	BURIAL, CREMATION, REMOVAL	1 1 0	23c N.	AME OF C	EMETERY OR CREMATORY	236 LOCATION CITY OR TOWN		COUNTY, A	STATE	
		BURIAL	1 25	79 H	Rbu	itus Mem. t	14. ISAL	TO.	Mel		
	24 FI	UNERAL DIRECTOR		ADDRESS		25a. DATI	REC'D. BY REGISTRAR 2	Sh. PEGIST	RAR'S SIGNAT	URE	
	Ne	mon Bailey	1348	Calhou	en	St. VAN	23 1979	links	y Mela	and the	



executed

requires that the death certificate be

O HOSPITAL OR ATTENDING PHYSICIAN: The low

attending physician.

retained by the haspital ar

DHMH - 16 50M 1/76 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, poshould be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 haurs after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

1 - STATE REGISTRAS

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

				REG. NO	
	L DECEASED NAME RIRST	WIDDLE	CLARK	20 DATE OF DEATH MONTH	H DAY YEAR 26 HOURS
3		A RACE PL	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
70	To BIRTHPLACE (STATE OR FOREIGN 7	The CITIZEN OF WHAT COUNTRY?	8 1 28	O DALTIMORE CITY OF CO	YRS
9	COUNTRY) USA	USA	MARRIED NEVER MARRIED WIDOWED SO DIVORCED		MD
8	BALTO	(IF NOT A SUCH FACILITY GIVE STREET	y HOSP.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR FITTUSE WILL	126 KIND OF BUSINESS OR INDUSTRY
3 130		OTHER INSTITUTION, GIVE RESIDENCE BEFOR	YES NO		edish Ave
0	Toy	IDDLE LAST	15. MOTHER'S MAIDEN N PIRST WELL	MIDDLE	Hooker
160	60 WAS DECEASED EVER IN U.S. ARM (YES, HOOR UNKNOWN) (1F YES, GIVE V	war or dates] 226387	1843 Cha	H 1632 Bra	oddish Ave.
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY:	Arrest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gove rise to immediate cause iai, stating the underlying cause last			Cauce	
z			DEATH BUT NOT RELATED TO THE TER		N GIVEN IN PART I/a
CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO
	000000000000000000000000000000000000000	21b. TIME OF INJURY HOUR A.M. MONTH D, P.M.	YEAR 19	RRED (ENTER NATURE OF INJURY IN IT	EM 18, PART I OR PART 2]
10					
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.]	CITY OR TOWN	COUNTY STATE
MEDIC	220. I certify that (1) (this haspite saw the deceased alive or	(AT HOME, STREET, FACTORY, OFFICE, I	30 12/17 , 19 3	8 10 1/9	79
MEDIC	220.1 certify that (1) (this haspite	(AT HOME, STREET, FACTORY, OFFICE, F	30 12/17 , 19 3	8 10 1/9	. 19 , that (J) (we) last and hour and from the causes stated
MEDIC	22a. I certify that (1) (this hospito saw the deceased alive of above 1 well did Hid not 22b. SIGNATURE	(AT HOME STREET, FACTORY, OFFICE, I	DEGREE ATTENDING PHYSICIAN 22e. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	. 19 , that (I) (we) last and hour and from the causes stated
1	22a. I certify that (1) (this hospito saw the deceased alive of above 1 well did Hid not 22b. SIGNATURE	(AT HOME. STREET, FACTORY, OFFICE, I	DEGREE ATTENDING PHYSICIAN 22e. ADDRESS	m death occurred on the date on DIRECTOR PHYSICIAN	19 1, that (I) (we) last and hour and from the causes stated

Balto ..

Jenkins & Sons Co.

(VR A 15 (4))

STATE OF MARYLAND

THE .	2						STATE OF MAKTLANI	טו			4	
1	2		1.	FOR STATE REGISTRAR		DEPART	MENT OF HEALTH AND ME CERTIFICATE OF DEA		NE 79-	007	29	
			1 DE	CEASED NAME FIR	RST /	MIDDLE	LAST	7	o. DATE OF DEATH	ONTH DA	AY YEAR	2b HOUR
	nay be page 3			ORPRINT) ELL	EN		CLEMENT		JAN	21,1	979	м
	6 9	1	3 SE	X /	4. RACE		5. DATE OF BIRTH	6	AGE (IN YEARS LAST BIRTH	DAY)	FUNDERIYEAR	IF UNDER 24 HRS
	ige 4 n			8	n		MONTH /18/91	YEAR	88	YRS.	ONTHS DAYS	HOURS MIN
	T O O	0	700 B	RTHPLACE (STATE OR FOREIGH	N 76 CITIZEN OF	WHAT COUNTRY	MARRIED NEVER MAI	BRIED (7	BALTIMORE CITY OF	COUNTY	OF DEATH	
	0 34	6		MD.	US	A	WIDOWED DIVO	RCED [BALTO	. C	ITE	MD.
	the f	/ Led	10 C	TY OR TOWN OF DEATH		HOSPITAL, NURSI H FACILITY, GIVE STREE	NG HOME OR OTHER INSTITU		2a USUAL OCCUPATION TYPE OF WORK FOR MOST OF			OF BUSINESS OR
0	by t	not		BALTO	124	4.0	FLLWOOD	1000	HSWE			
212	pe i. gan	P	USU.	AL RESIDENCE (IF NURSING H				·····	ATREET LOODESS			
AND	filled fulled	S D	130.	MD	COUNTY	13c. CITY OR TOV		10 MI25	1245.	F LL	WEEL	0
X.	tely 2 sho	Sine	14. FA	THER'S NAME	MIDDLE	LAST	15. MOTHER'S M					
MAR	d w	XON		JOHN 1	WHIR	BARO		ERINE	MIDDLE	UNE	LA!	Л
E, Y	or Con	0	16a \	VAS DECEASED EVER IN U	IS ARMED FORCES?	16b SOCIAL SEC			ADDRES			
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	TTEN pital far us	21 is			live on Jan (did not) view the body		79 , and that in (my) (au	ur) opinion de	oth occurred on the dot	e and hour	and from the	couses stated
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	the the	-		11) 6/	MM	//	MA ATT	ENDING	MEDICAL STAF	4 N I	11.2	2/70
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	of of of stay	≤	23a	BURIAL, CREMATION, REM	OVAL 236. DAJE	23€.	NAME OF CEMETERY OR CRE	EMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-JAMES RUFUS COFIELD 4 RACE 3. SEX DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IE UNDER 24 HRS DATE PRONOUNCED black male In BIRTHPLACE 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED Baltimore City NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS at home/1100 Bolton St Apt 1304 Baltimore 13d. INSIDE CITY LIMITS? 14 FATHER'S NAME MIDDLE Son BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple Stab wounds IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES XXX NO 210 EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 0 MEDICAL found stabbed /27/ 19 79 CONTRIBUTING CAUSE OF DEATH PRIOR 21d INJURY OCCURRED 21e. PLACE OF INJURY (ATHOME. 21f. LOCATION MDSTATE AT WORK AT WHILE street, FACTORY, FARM, ETC.) 1100 BoltonSt, Apt1304, Balt City XX Inspection ... 220. I certify that I taak charge of the remains described above, held an Autapsy Inquiry Hamicide XX death resulted fram: Accident Undetermined manner TO FUNERAL DIRE AFTER DEATH, WIT BALTIMORE, MARYL TITLE (SPECIFY) 1/28/79 Assistant SIGNATURE 111 Penn Street, Balto., MD 21201 VIRGINIA L. DOLAN, M.D. EXAMINER'S NAME (TYPE OR PRINT) 23a. BURIAL CREMATION, REMOVAL 23b. DATE 23d. LOCATION DHMH - 17 (VR A15 ME (5)) 30M 7/73

79-00731 1 13 CT 72 1 27 72 ... c c gait endig Dalia oro itle fulliple Sic Tour's er at home 11% policedty. Antip. M. c. 120 M. c. idele.i. 7.03 [a . 00 11, .0.] 1 at of [3 .0., 0 200]

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2100	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIEI CERTIFICATE OF DEATH	NE REG. NO. 79-00732
5 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	1. DECEASED NAME FIRST (TYPE OR PRINT)	in a state of the	OL 20 1979 G.13 P.
top boge 3	3. SEX EMALE	HITE S. DATE OF BIRTH MONTH 2 8 1902	AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
ergerdire	70 BIRTHPLACE (STATE OF EOREIGN COUNTRY) HOLLAND	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED WIDOWED X DIVORCED	BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY MD.
oy the fur de actified o	10 CITY OR TOWN OF DEATH BALTIMORE	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 1	20 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE; INDUSTRY HOUSEWIFE AT HOME
filled in the ould be	USUAL RESIDENCE (IF NURSING HOME 130. STATE 136 COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) UNITY 13¢ CITY OR TOWN MILLERSVILLE YES NO	170 LINDA LA. #21108
uted within completely I and 2 sh	14 FATHER'S NAME FIRST CHRISTIAN	MEYERS WEYERS ALIDA	BEUKMANN
iMORE, on ond co	160 WAS DECEASED EVER IN U.S. A (YES, MOOR UNKNOWN) (IF YES, G	CONTRACTOR OF CONTRACTOR	CILLIANASKOKA ., MILLERSVILLE, MD 21108
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours or attending physician. Wher this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be file than Amental Hygiene prior to burial, cremation, or removal. orked or them 18 shows any injury, or other traumoric event, the medical examines myst beage and the properties of the p	Conditions, if ony, which gove rise to immediate couse to stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) T CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMIN	
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HOSPITAL Coined by the FUNERAL E vold be detoo wild be detoo to the stote E operators.	22d. PHYSICIAN'S NAME (TYPE		MEDICAL PHYSICIAN 1/2017 MYWLES MOGNITUM TO ALIMONY MADE
Bb————————————————————————————————————	230. BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL	TRUTNEON C PROC TAC	
DHMH - 16 50M 1/76 (VR A 15 (4))	THE PRECION	LEVINSON G BROS., INC. OWN RD., BALTO., MD 21215	REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

King Mem.

ADDRESS

C. March F/H 1101 East North Ave

Park

FEB

FOR

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 7/77

(VR A 15 (4))

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

79-00733

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IF UNDER I YEAR

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COUNTY

22c. DA1

COUNTY

250. DAJE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE

2b HOUR

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Bland

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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IF UNDER 4 HRS

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MIDDLE 20 DATE OF DEATH 2b. HOUR Tildhed 1 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER ! YEAR IF UNDER 24 HRS YEAR 41 DAYS HOURS T 99 20 Th CITIZEN OF WHAT COUNTRY TO BIRTHPLACE (STATE OF FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) CITY Paruland WIDOWED DIVORCED [IB. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOSPITA Filed 76 UTHERAN ostal Service you't USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130. STATE 13e STREET ADDRESS 136 COUNTY 13c_CITY OR TOWN 13d INSIDE CITY LIMITS? HARLER AVE 0 Baltimore NOF ond 2 sh 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Ernest Kinsey mma 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Bertha Williams 2160503 no Elmridge Avenue APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH poper 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c PART I. DE ATH WAS CAUSED BY IMMEDIATE CAUSE 10 Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost ple PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, **IFICATION** 0 prior ony 20b. IF YES, WERE FINDINGS USED be 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? od NO YES T NO [ental Hygie iol-transit 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDIC/ bur 21d. INJURY OCCURRED 2) e PLACE OF INJURY 211 LOCATION STREET CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from. DIRECTOR 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on. above, (1) (see) (did) (did not) view the body after death 226. SIGNATURE DEGREE 22c. DATE SIGNED * ATTENDING MEDICAL should be deto with the Stote [IMPORTANT: # be detor DIRECTOR PHYSICIAN PHYSICIAN | 22d. PHYSICIAN'S NAME (TYPE OF PRINT) ERAN HOSPITAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) audan Park Cemetery Baltimore (ity Maryland 24 FUNERAL DIRECTOR DHMH - 16 50M 7/77 Ambrose Funeral Home 1328 Sulphur Spring Rd. (VR A 15 (4))

STATE OF MARYLAND

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEA DECEASED NAME 26 HOUR (TYPE OB PRINT) 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IE LINDER 24 HRS 5 DATE OF BIRTH MONTH DAY YEAR DAYS 40 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? 7g. BIRTHPLACE STATE OF FOREIGN MARRIED NEVER MARRIED COUNTRY BALTIMORE Marilland WIDOWED DIVORCED | D 10 CITY OR OWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION
(TYPE OF WORK FOR MOST OF WORKING LIFE) 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY BISCTIMORE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 113° CITY OR TOWN 38 INSIDE CUTY HAITS? 13e. STREET ADDRESS NO 04 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST COLL MAN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 1604 N. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO OR AS-ACONSFOURNCE OF Canditions, if any, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. a PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (o CERTIFICATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPS 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOT 210, ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 216. TIME OF INJURY HOUR A.M. MONTH" YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER MOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME, SAREET, FACTOR OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE 220.1 certify that (I) (this haspital) attended the deceased from sow the deceased alive p (my Your) apinian death occurred on the date and hour and from the causes stated obove (1) (we) (did) de ti view the body after death 22h SIGNATURE DEGREE 22c. DATE \$IGNED TO FUNERAL DIS should be detach with the State De ATTENDING MEDICAL PHYSICIAN | DIRECTOR | PHYSICIAN MPORTANT 22d, PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS TRON CL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE COUNTY BP. BY REGISTRAR 256. TEST P'S 24 FUNERAL DIRECTOR DHMH - 16 50M 7/77 (VR A 15 (4)) 1721-27 N. Monrae St. JAN

STATE OF MARYLAND

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ly filled in by the funeral director should be filed within 72 hours of

g pnysicion and campletely filled conpapers. Pages 1 and 2 should b

attending physician

After this certificate has bee for use as the burial-transit per of Health and Mental Hygiene Hem 18

TO FUNERAL DIRECTOR

should be detached with the State Dept.

MPORTANT: If Hem 21 is marked ar

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STATE OF MARYLAND	MARYLAND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ı	- STATE REGISTRAR		CERTIFI	CATE OF DEATH	REG. NO	19	- 001	30
	1 DECEASED NAME FIRST J	ason Advisor		Combs	2e. DATE OF DEATH	MONTH DAY		15 HOUR
1	3. SEX	4 RACE	5. DATE OF		6. AGE (IN YEARS LAST BIRT	_	UNDER I YEAR	IF UNDER 24 HRS
1	MALE	WHITE	MONTH	DAY YEAR	C	YRS.	O O	HOURS MIN
J	7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED	□ NEVER MARRIED -	9. BALTIMORE CITY O	R COUNTY O	FDEATH	
-	parti ano	US	WIDOWED		By	40,00	017-1	MD.
1	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		OTHER INSTITUTION	12a USUAL OCCUPATE			F BUSINESS OR
4	Baltimore	UNGON		rosinc.	(TITE OF WORK FOR MOST OF	WORKHOUTE !	INDUSTRI	
1	USUAL RESIDENCE (IF NURSING HOME OF			13d. INSIDE CITY LIMITS?	13e STREET ADDRESS			
4		timore Phoeni		YES NO X	14014 Fo	x Land	Rd	
1	14 FATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NAM	ME		1.45	
4		AccitAND CON	1035	CVN-40		U	Con	35
2	160 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IFYES, GIV.	RMED FORCES? 166 SOCIAL SECU	RITY NO.	17 INFORMANT Mr Timo	thy R Combs	SS	Same	
1	18 CAUSE OF DEATH Enter or PART I. DEATH WAS CAUSE IMMEDIA	nly one cause per line for (a), (b), and D BY: TE CAUSE (a) CALA	dic lo fuc	novary h	ANNEST		APPROXI BETWEEN	MATE INTERVAL DNSET AND DEATH
	7599 Conditions, if any, which	DUE TO OR AS A CONSEQUE	NCEOF	ac macro) 33		
	gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE	ENCE OF					
		CONDITIONS CONTRIBUTING TO D	DEATH BUT N	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	DITION GIVEN	IN PART 10	21
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)	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PAR	T 1 OR PART 2]	6145

211 LOCATION

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STATE

NOT WHILE 220.1 certify that (I) (this hospital) attended the deceased fro and that in (my) (aur) apinian death occurred on the date and hour and from the causes stated

226. SIGNATUR

DEGREE 22e ADDRESS

ATTENDING

MEDICAL STAFF

Baltimore. Maryland

CITY OR TOWN

22c. DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

23a. BURIAL, CREMATION, REMOVAL

Burial

(IF EITHER, NOTIFY MEDICAL EXAMINER)

CHALEW

P.M

21e. PLACE OF INJURY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

UNIV OF 230 NAME OF CEMETERY OR CREMATORY

Druid Ridge

mo 23d LOCATION

BP

DHMH - 16 50M 7/77 (VRA 15 (4))

1/16/79 24 FUNERAL DIRECTOR L'ébnard J Ruck Inc. Baltimore, Maryland

236 DATE

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST I. DECEASED NAME 2n. DATE OF DEATH MONTH 2b HOUR [TYPE OR PRINT] EDITH COOPER Marie JANUARY 4 RACE 5. DATE OF BIRTH 3. SEX 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS OAYS HOURS White June 5, 1933 45 Female BIRTHPLACE (STATE OR FOREIGN **BALTIMORE CITY OR COUNTY OF DEATH** 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY BALTIMORE CITY Maryland USA WIDOWED DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Baltimore Housewife Home USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13g STATE 13b/COUNTY Route #3, Box 241 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Md. Garrett Deer Park NO X 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE LAST FIRST MIDOLE Marie Tasker Loaring Green 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 217-30-1737 Raymond E. Cooper, Sr., See #13 above no 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DIVISION OF VITAL RECORDS, 201 W. PRESTON ST Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(p) PART 2 OTHER SIGNIFICANT ON FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS USED 90 DATE IN CERTIFYING CAUSES OF DEATH? NOX 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21a. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 220 I certify that (1) (this hospital) attended the deceased from... saw the deceased alive on, _, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated obove (1) (we) (did) (did not) view the body ofter death 276. SJONATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS should be MPORT Baltimore, Md. 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23d. LOCATION 23b. DATE STATE (SPECIFY BP. burial 1/21/79 Tasker Cemeterv Deer Park, Garrett, Maryland 250. DATE REC'D. BY REGISTRAR 256 SECTION & SIGNATURE 24. FUNERAL DIRECTOR DHMH - 16 50M 7/77 ADDRESS (VRA 15(4)) Bradley A. Stewart Oakland, Maryland 21550

79-00740 11 mes 10

	1	1 -	FOR STATE REGISTRAR		DEPART	MENT OF H	OF MARYLA EALTH AND M ICATE OF D	AENT AL HYG	HENE 79-	001	741		
	T		CEASED NAME FIRST	•	WIDDLE	L	AST	11,12,13	20. DATE OF DEATH	HTMOM	DAY	YEAR	26 HOUR
			JOHN		UGUSTUS		OSBY			1	14	79	12:250
	3	SEX	MALE	4 RACE	777	5. DATE C	DAY	97	6. AGE (IN YEARS LAST B	RTHOAY)	IF UNDER		HOURS MIN
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S once	3	cc	THPLACE ISTATE OR FOREIGN	U.S	WHAT COUNTRY?	MARRIE		ORCED	9. BALTIMORE CITY BALTI	MORE		АТН	MC
Polytied	3		BALTIMORE	VETERA	HOSPITAL, NURSII CH FACILITY, GIVE STREET LNS ADMIN	ADDRESS) ISTRAT	OR OTHER INSTI	DICAL	128 USUAL OCCUPA TYPE OF WORK FOR MOST		LIFE) 12b.	KIND OF USTRY	BUSINESS OR
must be		No. S	L RESIDENCE (IF NURSING HOME TATE 136 COL ARYLAND	OR OTHER INSTITUTION JNTY	136. CITY OR TOV	N	13d. INSIDE CI	TY LIMITS?	13e. STREET ADDRESS		NUE	212	28
exomine	2	4. FA	THER'S NAME HARRY	MIDDLE	COSBY			MAIDEN NA	MIDDLE		SN	, LAST	
medical	2	6a W (Y	AS DECEASED EVER IN U.S. A ES NOORUNKNOWN) 1 F YES, G	RMED FORCES?	216-10-		17 INFORMAN Nettic			ress oln <i>I</i>	Aven	ue	MATE INTERVAL
r ta burial, crematian, ar remaval. injury, ar ather traumatic event, th		NOI	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost	(b) <u>X</u> DUE TO, O (c)	OR AS A CONSEOU	170 V ENCE OF			a coro			24	thi.
Hygiene prior 18 shows ony	2	CERTIFICATION	190 DATE OF OPERATION	1	ONC.	OPERATIO			200 AUTOPSY?	IN CERT	YES 🗌	AUSES	GS USED OF DEATH? NO
tem tem	/	-	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE	LAIN		AY YEAR		nor	RED JENTER NATURE OF IN	JURY IN ITEM 18	B, PART 1 OR !	PART 2)	
ked		MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE AT HOME, ST	OF INJURY REET, FACTORY, OFFICE,		21f. LOCATIO		CITY OR T	NWC	COU	NTY	STATE
ept. of the Item 21 is			220. I certify that X (this has saw the deceased above above, X (we) (did) the 22b. SIGNATURE			79 . 01	DEGREE	(aur) apinion	, toJANUA death accurred on the	date and he	our and fr		
with the State D			22d. PHYSICIAN'S NAME TYPE	esil de	FOX	MD.	22e. ADDRESS			BALTO	MD	2	1218
3 3	7	30 B	URIAL, CREMATION, REMOVA	AL 23b. DATE	23 ε.	NAME OF C	EMETERY OR C		23d. LOCATION CITY OR TOWN	<u></u>	COUNTY		STATE
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	7	4 FL	Burial NERAL DIRECTOR								Mary	zla Gra	TU

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STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH HINOM 2h HOUR LAST I. DECEASED NAME (TYPE OR PRINT) 3.45 PM CRAMBLITT 10 BERTHA Agnes IF UNDER 1 YEAR IF UNDER 24 HRS. AGE (IN YEARS LAST BIRTHDAY) 4 RACE 5. DATE OF BIRTH 3 SEX MONTH YEAR Female CAUCASION 89 02 BALTIMORE CITY OR COUNTY OF DEATH IL CITIZEN OF WHAT COUNTRY? A BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY BAL. CITY 4.5 A MD. DIVORCED T WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 17h KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH INDUSTRY (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Housewife BALTIMORE MOS P B+L. GEN USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
1130. COUNTY
1137. CITY OF TOWN 3704 Third St. 13d. INSIDE CITY LIMITS? MD. CITY. BAL. YES 📉 NO [15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME LAST MIDDLE FIRST George No.T. Murray Huntt Mary ADDRESS Linthicum, Md. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Sycamore Rd L KNIPVO N FRANCES, PARSICK. APPROXIMATE INTERVAL cerebro-vascular 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: Accident CVA. IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) CERTIFICATION prior 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO [] shows NOM YES [of Hygie 214, HOW INJURY OCCURRED IENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2] 21b. TIME OF INJURY 21a, ACCIDENT WAS UNDERLYING 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL 19 (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 211 LOCATION 21e. PLACE OF INJURY 21d INJURY OCCURRED STATE COUNTY CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 01-10 01-03 220.1 certify that (If (this hospital) attended the deceased from 61-10and that in (194) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on. above, (1) (we) (did) (did not) view the body after death. 22c DATE SIGNED DEGREE DIREC 226 SIGNATURE STAFF MEDICAL ATTENDING DIRECTOR PHYSICIAN PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS should be with the IMPORTA S. Honover &. 3001 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b DATE Baltimore, Maryland Burial Baltimore National 24 FUNERAL DIRECTOR DHMH - 16 25M J. Gonce, 4001 Ritchie Hg., Baltimore (VR A 15 (4) 1 9/74

79-80745 The Hall of the Section ALE STATE OF THE S to the control of the CHARLES FRANCISCH LE CLERK COMMANDER The day of the TALLS LAND bheirte. Josephine Liesphine Harles Harles egosities, no sisterio inice, sonos . . Sy cost within 24 hours after

executed

OR ATTENDING PHYSICIAN: The law

TO HOSPITAL

retained by the hospital or attending physician.

STATE OF MARYLAND

79-00746

	STATE REGISTRAR		DEPART		ICATE OF DEATH	REG. NO	D.	•	
	CEASED NAME	FIRST	MIDDLE		AST	20 DATE OF DEATH			26 HOUR
		Dora	K.	CRE	WS	January 1	5, 197	9	5:57
3. SEX		4 RACE		5. DATE O		6. AGE (IN YEARS LAST BIRTI	HDAY) IF UN	DER I YEAR	HOURS A
	Female	Wh	ite	June	22 1902 YEAR	76	YRS	DATS	HOURS /
7a. BIR	RTHPLACE ISTATE OR FO	PREIGN 76. CITIZET	OF WHAT COUNTRY	? 8	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH	
Wal	les, Great	Britian	USA	WIDOWE	d'h	Baltimore	City		
IO CIT	TY OR TOWN OF DEA		OF HOSPITAL, NURSI		R OTHER INSTITUTION	12a USUAL OCCUPATION		26. KIND OF	BUSINES
Ba	altimore	Chur	ch Home and	d Hosp	ital	Housewife	WORKING (III.)	4D031K1	
13a S1	AL RESIDENCE HENURS	ing home or other institution to the county Harford	TUTION, GIVE RESIDENCE BEFO 13t. CITY OR TOV JOPPA		13d INSIDE CITY LIMITS?	13. STREET ADDRESS 818 Chatf	ield Rd	. 2108	35
14 FA	THER'S NAME				15 MOTHER'S MAIDEN NAM	ME			
G	eorge	WIDDLE	North	Same	Kate	MIDDLE		Phili	lips
16a W	AS DECEASED EVER			URITY NO.	17 INFORMANT	ADDRE	SS		1
{YE	ES. NO OR UNKNOWN)	(IF YES, GIVE WAR OR DAT	213-07-0	0041B	Mr. Robert E	. Crews Sr.	818 Cha	atfiel	d Rd
T	18 CAUSE OF DEATH	H Enter only one cour	se per lunda de la companya	ad (c).					NATE INTERVA
	PART I. DEATH W	AS CAUSED BY:			ardiac Stan	dstill			
	141110	IMMEDIATE CAUSE							
	7/7/								
	Conditions it ony	which (Severe	Deco	mpensated H	eart Fail	ure		
	Conditions, if ony, gave rise to imm	nediote)			mpensated H		ure		
		nediote)			mpensated H		ure		
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BP. DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, pshould be detached for use as the burial-transit permit. Then please remove corbompapers. Pages 1 and 2 should be filled within 72 haurs offerwith the State Dept of Health and Mental Hygiene priar to burial, cremation, ar removal.

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STATE OF MARYLAND

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CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH YEAR 2b HOUR DECEASED NAME (TYPE OR PRINT) page 3 CROUSE DORA 145 IF UNDER 24 HRS DATE OF BIRTH IF UNDER 1 YEAR SEX 4 RACE AGE (IN YEARS LAST BIRTHOAY) urs ofter MONTH YEAR FEMALE 29 9% 1 10 BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? TOUR STATE OF FOREIGN MARRIED NEVER MARRIED COUNTRY BALTIMORE DIVORCED [WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 000 W. PRESTON ST., BALTIMORE, MARYLAND 21201 SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30. STATE 136. COUNTY 136. CITY OR TOWN 130 STATE 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS BALTIMORE YES II NO 15 MOTHER'S MAIDEN NAME 4. FATHER'S NAME MIDDLE LAST MIDDLE FIRST puo RISER ORDA. 166 SOCIAL SECURITY NO 17 INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) ABON L VIVK MARGA APPROXIMATE INTERVAL 18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and ic: PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION prior 20b. IF YES, WERE FINDINGS USED 9a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO [nd Mental Hygi 21c. HOW INJURY OCCURRED. JENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 21 21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21f. LOCATION 20 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE STREET AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from_ and that in (my) (and apinion death occurred on the date and hour and from the causes stated saw the deceased alive on_ abave, (1) (we+ (did) (did) view the body ofter death 22c. DATE SIGNED DEGREE 22b. SIGNATURE MEDICAL ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22e. ADDRESS ould be SAMARITAN (400D 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE STATE COUNTY (SPECIFY) BURIAL MD. BP REC ISTERAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 ADDRESS NAME (VR A 15 (4)) G. CONNELL OB MACE

FOR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

requires that the death

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

in signed by the attending physicion and completely filled in by the funeral director, page 3. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicioshould be detached for use os the buriol-transit permit. Then places remove corbonopopers, with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, or removed. IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumotic event, the

may be

FOR DEPARTMENT OF STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CEPTIFIC ATE OF DEATH

79-00749

	REGISTRAR		CERTI	TEATE OF PEATE	REG. NO.	
١	1. DECEASED NAME FIRST	WIDDLE		LAST	20 DATE OF DEATH MONTH	DAY YEAR 2b HOUR
	EL12	ASETU J	C	ROUSE	1-1	11-79 907A
	3. SEX	4. RACE	5. DATE O		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
1	Female	White	11	8 94	84 YRS	MONTHS DAYS HOURS MIN.
	To BIRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT CO	OUNTRY? 8	D X NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH
1	New York	USA	WIDOW		BALTIMORE	CITY MD.
~	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL (IF NOT IN SUCH FACILITY,		DR OTHER INSTITUTION	120. USUAL OCCUPATION LITYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS OR
1	BALTIMORF	MERCY	HOSP	MAL (S-CALVERT	Mach.Operator	Edgewood .Ars
	USUAL RESIDENCE (IF NURSING HOME OF	NTY 13c. CITY	ENCE BEFORE ADMISSION)	13d INSIDECITY LIMITS?	13e STREET ADDRESS	
2		ltimore			7130 Railway A	venue
		WIDDLE	LAST	15. MOTHER'S MAIDEN NAM FIRST	WE	LAST
	Michael		wkins	Maryann		McDermitt
)	160 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIVI	WAR OR DATEST	CIAL SECURITY NO.	17 INFORMANT	ADDRESS	
1	no	214	14 9945	Mr. John Crou	se 7130 Railway	
	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	ly one couse per line for :	o1, (b1, ond (c			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		TE CAUSE (D) CAR	110 VASCUL	AR ARRES		IMMEDIATE
1	4-110	DUE TO, OR AS A CO	ONSEQUENCE OF			
	Conditions, if ony, which	(1b) Ather	oscheretic.	Henry Dis	sease	CURONIC
1	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CO	ONSEQUENCE OF			
	underlying couse lost.	(10) Rago	irulary	Insufficien.	cy	curowic
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	M 190 DATE OF OPERATION	(_	4.1	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH?
4	21a. ACCIDENT WAS UNDERLYING			mall Bown	YES NO YES	
			NTH DAY YEAR	ZIE HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18, PA	ART 1 OR PART 21
	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED		19	21f LOCATION		
	WHILE IN NOT WHILE I	21¢ PLACE OF INJUR (AT HOME, STREET, FACTO		STREET	CITY OR TOWN	COUNTY STATE
	AT WORK AT WORK			·7 ci	11 %	10 79 that (I) (we) last
	220.1 certify that (I) (this hospi			and that in (my) (pur) principal	deoth occurred on the date and hour	(1) (We) 1031
-	sow the deceased alive on above, (1) (we) (did) (did no 22b_SIGNATURE	t) view the body ofter dec		DEGREE	redir decorred on the dote one hour	224. DATE SIGNED
ı	0 0	1 ~ ()	DWD	ATTENDING	MEDICAL STAFF	IR. DATE SIGNED
4	22d, PHYSICIAN'S NAME (TYPE O	P(PRINT)	0.00	PHYSICIAN	DIRECTOR PHYSICIAN	
			1.0		COSPITAL (S-C	CELLED TOTALIA
-	230 BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d LOCATION	1000-1, 1541 10.)
	(SPECIFY) Burial	1/13/79	Oak 1	2 5.770	Raltimore Ma	county STATE
	24 FUNERAL DIRECTOR	2/20/17	OGK !	25a. DATE	E REC'D. BY REGISTRAR 25b. REGISTRAN	RAR'S SIGNATURE
	Walter Dabrow	ski 100	5 Dundalk	Avenue JAN	1 6 1979 Try	trey helredy

BP_____ DHMH - 16 50M 1/76 (VR A 15 (4))

10	1.	FOR - STATE REGISTRAR	D	EPARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	rGIENE 79-0	0750	
E 4	I. DE	CEASED NAME FIRST	WIDDLE		IAST C	20 DATE OF DEATH	MONTH DAY YEAR	10 1000
, page 3 ter death		JAMES	7.	CROV	2.00			
rs after	3. SE	X Male	RACE	5 DATE O	DE BIRTH 13, DAY 1912 AR	6 AGE (IN YEARS LAST BIR	THDAY] IF UNDER 1 YE MONTHS DA	
in 72 hours	1 Au	IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT CO	UNTRY? 8	D NEVER MARRIED	0 /	OR COUNTY OF DEATH	
by the tr	4	or town of DEATH	(IF NOT IN SUCH FACILITY, G	NURSING HOME (RIVE STREET ADDRESS) SPITAL	OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O	ION 12b. KIN	
ould be if	13a	ALRESIDENCE (IF NURSING HOME C STATE 136 COU Wland	OR OTHER INSTITUTION, GIVE RESIDEN	NCE BEFORE ADMISSION) OR TOWN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS	St Balto III	1 31
and 2 sh		ATHER'S NAME FIRST Howard		IASI	15. MOTHER'S MAIDEN N Henriet	IAME	- R	LAST
ers. Pages 1 II. the medical		VAS DECEASED EVER IN U.S. A		-03-4220	in James J.	novo, In. 181	ESS	- a
as been signed by the attent permit. Then please remave of the prior to burial, cremation, ws any injury, or other traumo	CERTIFICATION	Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION		INSEQUENCE OF POR	J. SEPS	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAU	DINGS USE SES OF DEA
al-transit per ntal Hygiene em 18 shaws		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE		-011	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJU	YES	2)
s the burn and Mer	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY	1	211 LOCATION STREET	CITY OR TO	wn county	S
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RAL DIRECTOR : detached total Dept.		22b. SIGNATURE	Scelin		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF Ca C	ATE SIGNED
should be det with the State		22d. PHYSICIAN'S NAME (TYPE)			22e. ADDRESS	23d. LOCATION		

STATE OF MARYLAND

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STATE OF MARYLAND

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ADDRESS

Wm. C. March F/H 1101 East North Ave.

FOR

REGISTRAR

- STATE

(VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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ORD CHIE	TE															YES XX	NO [
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PAGE STATE [21201 PI	2	AT WORK	NOT WHILE AT WORK] '	hou		10.)			enta:	lou S	t,Bal			COUNTY		MD
2 2 2 2		22a. I certify	that I took charg	e of the ren	nains desc	ribed aba	ve, held on	Autopsy	XX	Inspecti	on .	Inquiry		ond in my	opinian		
CERTIFICA JLD BE FO DIRECTON WITH THE ARYLAND		death resulted	d fram: Natur	al causes	<u> </u>	Accident	, Sui	ide .	Hamid	ide XX	Undet	termined m],			
EXAMII CERTIFIE ULD BE DIRECT WITH 1 ARYLAN			11		20	A			TITLE (S	PECIFY)							
## Q # E *		ACTUAL SIGNATURE	Virg	ma .	22/0	lan	20	M.D	Ass	ista	it MED	ICAL EXAM	MINER	SIG	TE NED	1/16/	79
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PAGE TO FU	23a. B	URIAL, CREMATI	ION,REMOVAL 2				NAME OF CEM				23d. LC	CATION	7.7				
82	1	Burial		01-20	0-79		ew Catl					or town	ore C		OUNTY	Mary!	Land
DHMH - 17	24. FI	JNERAL DIRECT	OR		ADDRESS			2122				REGISTRA	AP 256 RE	STRAP	SSIGNA	TURE	
(VR A15 ME (5)) 30M 7/73]	Hubbard	Funera1	Home	, Inc	2., 4	107 Wi	lkens	Ave.	JA	IAT ?	1970	- Au	adan	1/23	Cready	

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DHMH - 16 50M 7/77 (VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	FOR STATE REGISTRAR		DI		EALTH AND MENTAL HY ICATE OF DEATH	GIENE 7.9	-0075	7	
	ECEASED NAME	FIRST	WIDOFE	Ł	AST	20. DATE OF DEATH	MONTH DAY	YEAR	2h HOUR
(TYP)	E OR PRINT)	Sophi	e M.	Cu	llison	January	23 1979	9	12 noo
3 SE	EX	42.30	4. RACE	5. DATE C	F BIRTH	6. AGE (IN YEARS LAST BIR	RTHDAY) IF UN	OFR 1 YEAR	IF UNDER 24 HRS
F	emale	N Bett	White	Oct	. 25 1904	74.	YRS	S DAYS	HOURS MIN
	BIRTHPLACE STATE OF	FOREIGN	TE CITIZEN OF WHAT COL	INTRY? 8	NEVER MARRIED	9. BALTIMORE CITY		DEATH	
5	Md.		U.S.A.	WIDOWE		Raltir	nore Cit	t. 37	MD.
10 C	ITY OR TOWN OF D	EATH	11. NAME OF HOSPITAL,	NURSING HOME C	R OTHER INSTITUTION	12a. USUAL OCCUPAT	ION 12	b. KIND OF	F BUSINESS OR
3	Balto.	SHA	Johns Ho		ospital	Sewing Or			ment.
	JAL RESIDENCE (IF NO STATE Md.	13b COUN	OTHER INSTITUTION, GIVE RESIDEN TY 13c. CITY C	CE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS? YESXIX NO [13e STREET ADDRESS 3035 H		9117	
14 F.	ATHER'S NAME				15. MOTHER'S MAIDEN NA	AME		LAST	
90	Willian	n ~~~~	G. Di	bbern	Elizab		. 1	Kosma	
160	WAS DECEASED EVE	R IN U.S. ARA		AL SECURITY NO.	17. INFORMANT	ADDR		-	
	no	(IF YES, GIVE	218-	12-2936	Wm. Culli:	son, (son)	7751 Ea	astda	ale Rd.
CERTIFICATION	gove rise to in couse (01, sto underlying cou	ting the se lost	DUE TO, OR AS A COMPLETE ON DITIONS CONTRIBUTION FOR	NG TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	NDITION GIVEN IN 20b. IF YES, WE IN CERTIFYING	RE FINDIN	IGS USED
	The same					YES NO	YES 🗌		NO D
MEDICAL CEI	22a. I certify the sow the dece- oboye, (1) we	CAUSE OF DEA' DICAL EXAMINER) RRED WHILE WORK (1) (this hospit	21b. TIME OF INJURY HOUR A.M. MON P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY) OI) ptinded the deceased view the body ofter death	19 OFFICE, FARM, ET9.)	21c. HOW INJURY OCCU	CITY OR A	DWN C	from the	
/	220 PHYSICIAN'S			nett	22e ADDRESS	DIRECTOR PHYSI	AFF ICIAN 🗌	1/2	\$19/79
23a.	BURIAL, CREMATIO	N, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUN	NTY	STATE
	Buria		1/26/79	Oak L	awn	Balto	200		_Md
24. F	FUNERAL DIRECTOR				hms Lane	N2 5 1979	R 25h HEGISTRAR	SAN C	URE
	Home	Inc	I	Palto N	4 21214 h			- 1	

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR MIDDLE DECEASED NAME 2a. DATE KNOWN K 2b. HOUR (TYPE OR PRINT) OF ESTI-FLAY IS NECESSARY, PLEASE
TO THE FUNERAL DIRECTOR.
TO THE FUNER YOUR FILES.
TO THE WITHIN 72 HOURS.
SOLVY, PRESTON STREET. ROSA DEATH MATED CHMMINGS 6 1979 3 SEX 4. RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 11 490 DATE YEAR LAST BUTHDAY PRONOUNCED 2 DEAD Female. PM Black. 1979 6 9. BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE (STATE OF 76 CITIZEN OF WHAT COUNTRY? FOREION COUNTRY MARRIED NEVER MARRIED WIDOWED ILGINIA DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION KIND OF BUSINESS OR INDUSTRY IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) AND 3 TO RETAIN PA Baltimore 2433 Madison Ave enolouse RECORDS ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) SHOULD 30. STATE 136. COUNTY CITY OR JOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS YES NO VITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME AGES 1, 7 C MIDDLE LAST FIRST LAST AND FORM 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES 16h SOCIAL SECURITY NO DIVISION (YES, NO. OR UNKNOWN) (IF YES GIVE WAR OR DATES) PAGES WITH APPROXIMATE INTERV CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PERMIT. BETWEEN ONSET AND DEATH ALONG PART I DEATH WAS CAUSED BY OR REMOVAL. IMMEDIATE CAUSE (a) Blunt injury of head DUE TO, OR AS A CONSEQUENCE OF BURIAL-TRANSIT EXAMINER . Canditians, if any, which gave rise to immediate cause (a) stating the under-301 W. DUE TO, OR AS A CONSEQUENCE OF lying cause last. CREMATION, O MEDICAL VITAL RECORDS, PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) V CERTIFICATION USED 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? HIEF OF DEPARTMENT OF PRIOR TO BURIAL, YES X NO [BE 보 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 6 SHOULD 10:42 M. MONTH DAY UNDERLYING XOR YEAR MEDICAL DIVISION 19 79 0 CONTRIBUTING CAUSE OF DEATH struck over head with a board 21f. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME CERTIFICATE, WRITING STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY NOT WHILE STATE 21201 P 2433 Madison Avenue home AT WORK AT WORK Baltimore, Maryland SE 4 SHOULD BE FOR FUNERAL DIRECTOR: 220. I certify that I taak charge of the remains described above, held an Inspection and in my apinian Inquiry WITH THE ARYLAND, Hamicide X death resulted fram: Natural causes Undetermined manner SHOULD TITLE (SPECIFY) ACTUAL DATE R DEATH, Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME AFTER Virginia L. Dolan, M.D. TYPE OR PRINT) Penn Street ADDRESS 0 23a BURIAL CREMATION REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE URI 14 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) 30M 7/73

LE SE STEELS, TOURS SELECTION OF SELECTION

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST 2a. DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) SAUL CURRTE 3. SEX 4 RACE 5. DATE OF BIRTH & AGE TIN YEARS LAST BIRTHDAY IF UNDER LYEAR IF UNDER 24 HRS 24 1915 MALE BLACK 63 IN BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. South Carolina WIDOWED DIVORCED [] BALTIMORE CITY IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h, KIND OF BUSINESS OR 12a. USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE MEDICAL CENTER BALTIMORE W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 13b. COUNTY 134 CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS P MARYLAND BALTIMORE YES X NOF 2613 CHASE STREET 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE LAST Carriebell Lewis Currie Deas 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 242-09-2054 Victoria Currie 917 Belgian Avenue APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Conditions, if any, which gove rise to immediate couse to), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) DIVISION OF VITAL RECORDS, CERTIFICATION 0 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 96 DATE OF OPERATION 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? per NO NO T sho burial-transit Mental Hygie 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 2 kg. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDIC 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY 0 STREET AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.I. CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK DECEMBER TANHARY 220.1 certify that (this haspital) attended the deceased from 79 sow the deceased alive on January 5 and that in (mx (our) opinion death occurred on the date and hour and from the causes stated obove (1) (we) (did) (a) did view the body after death be detached te State Dept. 22h. SIGNATUR DEGREE 22c. DATE SIGNED 900 ATTENDING MEDICAL STAFF FUNERAL old be deto PHYSICIAN DIRECTOR PHYSICIAN Y MPORTANT JANIJARY 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 3900 LOCH RAVEN BLVD. BALTO.MD. 21218 0 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL CREMATION, REMOVAL 236 DATE STATE COUNTY Baltimore Cemetery Baltimore Burial Stery Baltimore Maryland
25a. Date rec'd. By registrar 25b. registrar's signature 24 FUNERAL DIRECTOR DHMH - 16 50M 7/77 ADDRESS surprey/Kelready (VR A 15 (4)) C.March F/H 1101 East North AVe

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STATE OF MARYLAND

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-00764

	REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO					
	EASED NAME	FIRST	1	MIDDLE	i	AST		MONTH	DAY YE	AR I	Zb HOU	R
		Gizell	la	Μ.	Cz	арр		1 - 3	10 - 7	79 5	:39	AM
B. SEX			4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER I		IF UNDER	_
	Pemale		Cauc.		5 -	3 - 1887	.91	YRS	MONTHS	DAYS	HOURS	MIN
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CZ	ECHOSLOVA	KIA	U.S.		WIDOWE	V	Baltimor	e Ci.	ty			MI
0 CI	TY OR TOWN OF DEA	ATH				OR OTHER INSTITUTION	120 USUAL OCCUPATI		12b K#		BUSINE	SSOR
I	Baltimore	11	St. A	mes Hos	pital,	Emerg. Room	HOMEMAKE		LIFE) INDUS	OIRY		
JSUA 3m S	L RESIDENCE (IF NURS	13h COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFO	RE ADMISSION)	A 124 INICIDE CITY HAVEO	13e STREET ADDRESS					
	ryland	Balti	more	Baltimor		13d. INSIDE CITY LIMITS?	7911 Bank	Stra	ot 2	122	/.	
. FA	THERSNAME					15 MOTHER'S MAIDEN NA	ME	DELC	ے و با تا		4	
	nknown		IDDLE	LAST		Unknown	WIDDIE			LAST		
	AS DECEASED EVER		MED FORCES? WAR OR DATES)	166 SOCIAL SEC		17. INFORMANT	ADDRE					-
	No			Unavail	able	Dtr., Helen		T par		-		
	18 CAUSE OF DEAT	H Enter only	y one couse per	line for (0), (b), 0	nd (c	Fld.			BETV	PROXIM.	ATE INTER	VAL DEATH
	PART I. DEATH W	IMMEDIATE		Trem	nome	q - Sepe	LS .					
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-	Canditians, if any,	urhich	1							1/6	170	2
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Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1		CEASED NAME FIRST OR PRINT) Will:	iam E. Da	ailey	Jr	AST		20 DATE OF DE	0 -	DAY YEA	2b H	OUR M
	3 SEX		4 RACE		S. DATE O			6. AGE (INYEARS	LAST BIRTHDAY)	IF UNDER 1 Y		DER 24 HRS
i		Male	white	9	Sep	t 9°, 1	1906	72	Y	MONTHS D	AYS HOUR	IS MIN
-		RTHPLACE (STATE OR FOREIGN	Th CITIZEN OF W	HAT COUNT	RY? 8	NEVERA	AARRIED [9. BALTIMORE			н	
5		Maryland	USA		WIDOWE		VORCED [Balti	more C	ity		MD.
1	10 CI	Baltimore	11. NAME OF HO	ACILITY, GIVE ST			TITUTION	12a USUAL OC (TYPE OF WORK FO Forema	R MOST OF WORKIN	NG LIFE) INDUS		cking
5	13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 13b COUN Md	TY [1]	IVE RESIDENCE 8 3(CITY OR 1 Baltin	OWN	138 INSIDE C	ITY LIMITS?	13. STREET ADD	oress Buena V	ista Av	enue	
6	14 FA	William E. D	ailey	LAST		15 MOTHER'S	Anna	N	IOO(E	S. Fra	LAST	
1		VAS DECEASED EVER IN U.S. ARA	AED FORCES? 1	66 SOCIAL S	ECURITY NO	17 INFORMA	NT		ADDRESS	HE BU		
	,	no	WAR OR OXIES)	216	09 713	Grace	Daile	y 3.609	Buena	Vista .	Ave 2	1211
		18 CAUSE OF DEATH (Enter onl) PART I. DEATH WAS CAUSET IMMEDIATI	CAUSE (O.M.	Hetta	ela Car	Colon.	Lucy.			BETW	PROXIMATE IN VEEN ONSET A Z ¶ 7	AND DEATH
		Conditions, if any, which gove rise to immediate	DUE TO, OR A	100	EQUENCE OF	u of	R Colo	en		19	774	10
		couse 101, stating the underlying couse lost.	DUE TO, OR	AS A CONSE	OUENCE OF							
	NO	PART 2 OTHER SIGNIFICANT C	ONDITIONS <u>CON</u>	TRIBUTING	TO DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE O	R CONDITION	GIVEN IN PAR	T 1(o)	
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITI	ON FOR WH	Col m	N WAS PERFO	RMED	200 AUTOPS		FYES, WERE FIRE	ISES OF DE	
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	216 TIME OF HOUR A.M.		DAY YEAR	216 HOW IN	JURY OCCURR	ED (ENTER NATUR	OF INJURY IN ITEM	A 18, PART I OR PART	T 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF			211 LOCATION STREET	DN	CII	Y OR TOWN	COUNTY		STATE
ij		220 I certify that (1) (this hospit sow the deceased alive on.		-		- 59	197.00		1	19 79		(we) last
		obove, (1) (we) (did) (did not 22b. SIGNATURE	view the body of	ter death	9 7 9 on	DE GREE	(our) opinion o	seoin occurred o	n the dote ond		ATE SIGNE	
		Famue !	lyeer	6.	W	2	TTENDING PHYSICIAN	MEDICAL DIRECTOR [STAFF PHYSICIAN	1-	16	19.
		22d. PHYSICIAN'S NAME TYPE OR	PRINT)		1	22e ADDRES	S					
1		Lawrence	Shimanek			3711	Falls	Road B	altimor	e, Mary	land	21211
	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE		23c. NAME OF CI			23d. LOCATIO	NC NWI	Balti		STATE
		Burlat	1/12/7	7	Druid R	Lage G	emetery	PIKE	SVILLE	, Dalti	more	MQ.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attenshould be detached for use as the burial-transit permit. Then please remaye a with the State Dept. of Health and Mental Hygiene prior to burial, cremation, IMPORTANT: If them 21 is morked or Item 18 shows ony etoined by the hospital or offending phy

DHMH - 16 50M 7/77 (VR A 15 (4))

24. FUNERAL DIRECTOR Burgee Funeral Home

3631 Falls Road



January 6, 1978		1.	ical W Heid	ži.
	ept 5, 1905		AJILW -	
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3009 amen 75sta Averno	T.	out and the		
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LILIS EVA AUGEN ALGER ROVE 1,	136 eracs le ll	216 09 7		on
			anni Ali	
was missions, Firstonias	371. 21.1		renschil e	ongrama
Tikesville, beltisevelil.				

surged Tweeral Notes 3631 1911s Ross

FOR DEPARTMENT OF HEA

Tarring Funeral Home, P.A., Aberdeen, Md. 21001

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

79-00766

		REGISTRAR						REG. N	10.			
8		CEASED NAME	FIRST		MIDDLE	L	AST	20. DATE OF DEATH	HINOM	DAY YEAR	2b. HOUR	
	(1111)	ORPRINT	JOHN	RAYM	OND	DAL	LIS, JR.	JANUARY	10,	1979	8:50	PM
ı	3. SEX	(4. RACE			TE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24					
	Ma	le	- 71	White	STATE OF	6	7 1976 YEAR	2	YRS	MONTHS DAYS	HOURS MI	Ν.
9	Ja. BIF	RTHPLACE (STATE OR FO	REIGN		WHAT COUNTRY?	8		9 BALTIMORE CITY				-
4		OUNTRY)		TTC' A			D NEVER MARRIED	BALTIN		CITY		
4	-	ryland Ty OR TOWN OF DEA	TH	USA 11. NAME OF	HOSPITAL NURSING	WIDOWE	D DIVORCED DIVORCED	12a. USUAL OCCUPAT			OF BUSINESS	MD.
2				LE NOT IN SUC				(TYPE OF WORK FOR MOST		LIFE) INDUSTRY		OK
1		AL RESIDENCE (IF NURS	INC HOME OF				TO THOUT TIME	None		None		_
8	13a S	TATE	138 COUN	ITY	130 CITY OR TOWN		138 INSIDE CITY LIMITS?	13e STREET ADDRESS	4. 1			
	p 200	rvland	Har.	ford	Aberdeen		YES NO 🔀	P.O. Box 5	144			
	14. FA	THER'S NAME		AIDDLE	LAST		15 MOTHER'S MAIDEN NAM	AE MIDDLE		LA:	. 7	
ä	Jo		Raymon	9 9	Dallis, Si	r.	Norma	MIDDLE		Baldw		
à		AS DECEASED EVER			166 SOCIAL SECUE	RITY NO.	17 INFORMANT	ADDR	ESS		1001	
4	£ {Y	ES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	None		John R. Dallis	Sr. POF	30x 5)	14, Aberd	een. Md	200
			U.C				OOM INDUITE	5,02.01.012	7024 74		MATE INTERVAL ONSET AND DEAT	
4		PART I. DEATH W	AS CAUSE	D BY	line for (o), (b), and	1011	1.	4		BETWEEN	ONSET AND DEAT	TH
		16.00	IMMEDIAT	E CAUSE (o)	rangings	02471	wason a	all				
4		1919		DUE TO, O	RAS A CONSEQUE	NÇE OF	(), 1					
		Conditions, if ony,	which	(b)	Braun	tre	nos (Rhabs	Lowes & or	CCON	J01		
а		gove rise to imn	nediote)				2				
		underlying cause		DUE TO, O	R AS A CONSEQUE	NCE OF						
		2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -		(c)								=
	z	PART 2. OTHER SIGN	HIFICANIC	ONDITIONS CO	DATKIBUTING TO D	EAIM BUI	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	IDITION G	IVEN IN PART II	01	
Ц	CERTIFICATION		1011	1111 60115		0050 1710		TeeTopovo	They IF Y	EC WEDE EDIE		
ž.	No.	19a DATE OF OPERA	ION	196 COND	IIION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		ES, WERE FINDI		
	RTIF		100			177.0		YES NO		YES 🗍	NO D	
7	G	21a. ACCIDENT WAS UND	_	216. TIME C	FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJ	JRY IN ITEM 18	PART 1 OR PART 2)		
	AL	OR CONTRIBUTING (111	M. MONTH DA	19						
	MEDICAL	214. INJURY OCCUR		21e. PLACE			211 LOCATION		S-1-1-	- 100		
	ME	WHILE NOT WE AT WORK	HILE	(AT HOME, STI	REET, FACTORY, OFFICE, FA	ARM, ETC.)	STREET	CITY OR TO	WN	COUNTY	STATE	
				A	-1 11	(1	100 78	11	0	10		
ń		22a. I certify that (I) (this haspital) attended the deceased from 19 8, to 19 9, that (I) (we) lost										
		above, (1) (we) did i did not view the body after death.										
		276. SIGNATURE DEGREE RESIDENT ATTENDING MEDICAL								22c. PATE	SIGNED	
		Marco	the	5 1 -	MEDICAL STA		1/1	0179				
		224 PHYS CIAN'S NA	THE (TYPE OF	PRINT)		2.3.	PHYSICIAN [1	,		_
	-	13	061	cleev			TARAL	Hoslans	1	HUSDE	roy	
-	20.		155	- 10 - 1	Tes		40 mm	110/21		1		
		SURIAL, CREMATION,	KEMOVAL	23b. DATE			EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE	
		Burial		13 Jan	.1979 Ha	rior	Memorial Gdn	REGID BY REGISTRAL				
	-											

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral c should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hi with the State Dept. of Health and Mental Hygiene prior to burial, crematian, or removal.

injury, ar other troumatic event, the

IMPORTANT: If them 21 is morked or them 18 shows ony

Harring Suntant Four, 1979 New York Committee of the Comm

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FOR STATE

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n and campletely filled in by the Pages 1 and 2 shauld be filed wi

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial should be detached for use as the burial-transit permit. Then please remove carbon papers, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other traumatic event, th

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the haspital ar attending physician

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-00768

	REGISTRAR				CERTIF	ICATE OF DEATH	R	EG. NO.	0010	
	CEASED NAME	FIRST	1	MIDDLE		AST	20 DATE OF DE	ATH MONTH	DAY YEAR	2b. HOUR
(148	E OR PRINT)	Bayard	1 .	r.	Day:	idson	Januar	cv 15.	1979	M
3. SI	Х		4. RACE		5 DATE		6. AGE (IN YEARS I		IF UNDER 1 YEAR	
M	ale		White		Octo	ber 22 1919		59 Y	RS DAYS	HOURS MIN
	IRTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE		JNTY OF DEATH	
5	Penna.		U.S	S.A.	WIDOW		Balti	imore (City	MD.
10 0	ITY OR TOWN OF	DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME	OR OTHER INSTITUTION	12a USUAL OCC	UPATION	126. KIND	OF BUSINESS OR
	Baltimor		5609	Box Hill	Lane		Engrav		ing Life) INDUSTRY	eff
13a.	at residence (# state aryland	13b COUN		Baltimon		13d. INSIDE CITY LIMITS?	13e STREET ADD 5609 Bo	RESS x Hill	Lane	
14 F	ATHER'S NAME		MIDDLE	LACT		15 MOTHER'S MAIDEN NA		DDLE		ACT
	Carl		S.	Davidson		Florence		DOLE	Trai	1
160.	WAS DECEASED E	VER IN U.S. AR	MED FORCES?	166 SOCIAL SECU		17. INFORMANT			ork, Pa.	Pike
	Yes, no or unknown	WW	II	204-05-1	148	Mrs. L.J. An	ppell Jr.	2170	Old Balt	imore
	18 CAUSE OF D	EATH (Enter or	nly ane cause per	line far (a), (b), and	d (c	. 0			APPRO BETWEEN	XIMATE INTERVAL N ONSET AND DEATH
	PART I. DEAT	H WAS CAUSE	TE CAUSE (a)	mysea	r de	al du for	ction.		an	dolen
CERTIFICATION	Conditions, if gove rise to cause (a), s underlying comparts of the part of the cause (a) and the cause (b) and the caus	immediate toting the buse lost	CONDITIONS CO	R AS A CONSEQUE	DEATH BUT	NOT RELATED TO THE TERM		R CONDITION	N GIVEN IN PART I	DINGS USED
									YES	NO 🗌
MEDICAL CE	210. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY A 21d. INJURY OCC	CAUSE OF DE		m. month da m.	AY YEAR	21c. HOW INJURY OCCUP	RRED (ENTER NATURE	OF INJURY IN ITE	M 18, PART 1 OR PART 2)	
ME		OT WHILE	(AT HOME, STE	REET, FACTORY, OFFICE, F	ARM, EIC.)	STREET	CIT	YORTOWN	COUNTY	STATE
	270.1 certify that (1) (this haspital) attended the deceased from 19 19 10 to 19 19 19 19 19 19 19 19 19 19 19 19 19									
	226. SIGNATURE		22	hs		DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	1/	FE SIGNED
	22d. PHYSICIAN		J Diaz N	1.D.		7600 Osler	r Drive,	Towson	, Marylar	nd
230.	BURIAL, CREMATI	on, removal urial	Jan 17			ect Hill Cem.	23d. LOCATIO CITY OR TOV YOT	WN	COUNTY	enna.
24	FUNERAL DIRECTO		1		T.		TE REC'D. BY REGI			

DHMH - 16 50M 1/76

(VR A 15 (4)) Leonard JRuck Inc

Baltimore, Maryland

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
JAN 1 1979
Trifry Nathe

frifrey Melresde

deop 4

nding physicion and completely filled in by the funeral direct carban papers. Pages 1 and 2 should be filed within 72 hours 1 - STATE

PEGISTRAR

DEPARTMENT OF HEALTH AN

CERTIFICATE O

March F/H 1101 East North Ave

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

79-00769

									KEG. NO.					
	ECEASED NAME E OR PRINT)	FIRST	~	NIDDLE		LAST		2a. DATE O	F DEATH M	ONTH	OAY	YEAR	2h HOL	JR
	2 OK PRIMITY	Autr	ice	Bea		Davis			0:	1 :	13	79	7:1	5A _M
3. SE	X		4 RACE		5. DATE C			6. AGE (INY	EARS LAST BIRTHE	[YAY]		DER 1 YEAR	IF UNDER	
	Female		Nec	gro	MONT!	29 DAY	1909	69	9	YRS	MONTHS	OAYS	HOURS	MIN
	IRTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8		R MARRIED		RE CITY OR		Y OF D	EATH	15/	
	st Virgi	nia	II. S	S. A.	WIDOW		DIVORCED [Balt	- i mc	re	(1	14	MD.
	ITY OR TOWN OF DE		11. NAME OF H	OSPITAL, NURSIN	G HOME C				OCCUPATIO	N	121	KIND O	F BUSIN	
	Baltimo	re		h Home	-	Hosp	ital	(TYPE OF WOR	K FOR MOST OF V	VORKING L	TIEE) IN	DUSTRY		
	AL RESIDENCE (IF NUI	SING HOME OR	OTHER INSTITUTION,	GIVE RESIDENCE BEFORE	ADMISSION)			to expert						
	Marvland	136 COUN	111	Baltimo		YES YES	NO [13e. STREET	North	Bro	a de	V237		
_	ATHER'S NAME				710	1 2 4 5 5	R'S MAIDEN NA			1010	Jaav			
	Samuel		B.	Chee	Sr.		Ella		MIDDLE		Mo=	adow		
	WAS DECEASED EVE			16b SOCIAL SECU		17. INFOR			ADDRES	S	Mes	aucw	5	
((YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)			LOTA	ard A C	Thooga	0-1	Hil	1	W.	772	
	Le CAUCEOFDEA	The Face are	1	l: f (-) (b)		1 11OW	alu A C	lieese	- var	711 1			MATE INTE	RVAL
	18 CAUSE OF DEA PART I. DEATH V	WAS CAUSE	D BY			esnir	atory	Arrac.	+			BETWEEN	DNSET AND	DEATH
	Cardiorespiratory Arrest													
1	1629			AS A CONSEQUE	NCE OF	(b) C	ancer							
10	Conditions, if on		(XX (c) Pneu	notn	orax	- (a)	Renal	Fall	ire				
	couse (a), stat		DUE TO, OF	AS A CONSEQUE	NCE OF	(e) S	exere	Anemi	a (Seco	ond	rv	to ((c)	
				-HIS CO	DIA (OT HÅ	berneb i	HUSL	5					
z	PART 2. OTHER SIC	SNIFICANT	CONDITIONS CC	NTRIBUTING TO D	DEATH BUT	NOT RELAT	ED TO THE TERM	AINAL DISEAS	E OR CONDI	HON GI	INEN IN	PART 1(c	31	
ERTIFICATION	190 DATE OF OPER	ATION	10h CONDI	TION FOR WHICH	OPERATIO	INI NA/AS DED	EODMED	20a AUTO	OPSY?	286 IF YE	ES WER	RE FINDIN	JOS HSE	D
5	IST DATE OF OPER	11014	170. CONDI	HOIVIOR WINCH	OFERATIO	M WAJILA	1 OKMED			IN CERT	IFYING	CAUSES	OF DEA	TH?
E	21a ACCIDENT WAS U	ADEBLANC L	216. TIME O	E IN I I I I I I V		21a HOVA	IN ILIBY OCCUP	YES [Цюи		res 🗌		NO [
U	OR CONTRIBUTING	_	110110 4	A. MONTH DA	YEAR	ZIE NOW	INJURY OCCUR	KED (ENTERNA	ATURE OF INJURY	N IIEM 18,	, PARI TO	RPARI 2		
S	(IF EITHER, NOTIFY MED				19		TION							
MEDICAL	21d. INJURY OCCUI	WHILE	21e. PLACE (DF INJURY EET, FACTORY, OFFICE, F.	ARM, ETC.)	211. LOCA STRI			CITY OR TOWN	3 4	co	YINUX	s	TATE
	AT WORK	ORK								10		5 0	19.6	
	220.1 certify that to (this haspital) attended the deceased from													
18	sow the deceased give an 1-13 19 79, and that in (our) opinion death occurred on the date and have and fram the causes stated above, (we) (did view the body after death													
10	226. SIGNATURE DEGREE 226 DATE									SIGNED				
	// Kalley ATTENDIN PHYSICIA							MEDICAL DIRECTOR	STAFF PHYSICIA				100	
	22d. PHYSICIAN'S N	AME (TYPE O	R PRINT)			22e ADDI	RESS			File				
	Dr.	C. K	arkar				Churc	ch Ho	spital	L				
23e	BURIAL, CREMATION	I, REMOVAL	23b. DATE	23c N	NAME OF	EMETERY C	RCREMATORY	23d. LOC	ATION	NY E	COUNT	TV	61	ATE
	(SPECIFY) Buri	lal	1/16	/1979 ki	ng M	lemor	ial Par			-0 0				
24.			1 -7 -07	-212114			25- 247	E DECID BY	DE CISTO A DIST	L DEC	CTDADE	SICHLY	TYT	and-

DHMH-16 50M 7/77 (VR A 15 (4))

2 1	1.	FOR STATE REGISTRAR		ARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYGICATE OF DEATH	7.9 - 0 0 REG. NO.	1771
be age 3 death		CEASED NAME FIRST	MaE -	DA	UIS	20. DATE OF DEATH MONTH	27 79 10:03 PM
ge 4 may	3 SE	Lemale 1	Black	S. DATE O	F BIRTH 1920	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER LYEAR IF UNDER 24 HRS
Percent Po	0	RTHPLACE (STATE OR FOREIGN 76 COUNTRY) Orth Carolina	U. S. A.	TRY? 8 MARRIEI WIDOWE	NEVER MARRIED D	9. BALTIMORE CITY OR COUN Baltimor	
by the further desired within	10 C	Baltimore	NAME OF HOSPITAL, NO (IF NOT IN SUCH FACILITY, GIVE Provider	URSING HOME OF STREET ADDRESS) THE HOSP	R OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR
LAND 212 LAND 212 In 24 hau Iy filled in should be in should be in should be in the filled in the	13a. S M	AL RESIDENCE (IF NURSING HOME OR OTHE STATE 130b, COUNTY aryland STHER'S NAME	13c. CITY OR	BEFORE ADMISSION) TOWN LIMOTE	13d INSIDE CITY LIMITS? YES A NO 1	572 Wilson	Street
E, MARY complete l and 2	14.17	FIRST MIDDLE Chubs	Hall (AST		Unkn	WIDDLE	LAST
BALTIMORE, I		VAS DECEASED EVER IN U.S. ARMED (ES, NO OR UNKNOWN) (IF YES, GIVE WAR	FORCES? 166 SOCIAL OR DATES)	SECURITY NO.	17 INFORMANT	ADDRESS	Division Street
W. PRESTON ST., BALTI not the death certificate by the attending physician rse remove carbon papers. cremation, arremoval.		18 CAUSE OF DEATH lenter only on PART I. DEATH WAS CAUSED BY IMMEDIATE CA	e couse per line for (0), (b	EQUENCE OF	on my Arra	m) nadethrange	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
nec plumer y. o	CERTIFICATION	PART 2. OTHER SIGNIFICANT CONI	107	TO DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION OF	GIVEN IN PART I(a) (ES, WERE FINDINGS USED TIFFING CAUSES OF DEATH?
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir offending physician. ther this certificate has been sig os the burial-transit permit. Ther th and Mental Hygiene prior to be and mental Hygiene prior to be orked or frem 18 shows any injur		OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH		21c. HOW INJURY OCCUR	YES NO NO RED (ENTER NATURE OF INJURY IN ITEM)	YES NO
DING PHYSICIA or attending plants certifice on the burial-tailth and Mental marked or them	MEDICAL	I IF EITHER, NOT IFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OI	19	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDI pital or TOR: A for use of Heal		220.1 certify that (1) (this hospital) of sow the deceased alive an above, (1) (we) (did) (did not) vie		19, on		, to death accurred on the date and h	
PITAL OR A by the hosp ERAL DIREC se detoched State Dept.		226. SIGNATURE WINGTON 124. PHYSICIAN'S NAME (TYPE OR PRIN		MD	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN STAFF	127 29
TO HOSPITAL refaired by il TO FUNERAL should be def with the State	00	H NOTBENION	william	CM2	Clo Provid	(a fig of the	pept q medic
402 BP	230 (Burial Cremation, Removal 23	b. DATE 2/1/1970		emetery or crematory Memorial Pa:	rk Baltimore	Co., Maryland
DHMH - 16 50M 7/77 (VR A 15 (4))	24. FI	UNERAL DIRECTOR Wm. C. March I	ADDRE	SS	25e. DAT	FREC'D. BY REGISTRAR 256. REG	STRAR'S SIGNATURE

19-00771 Smile 40 135 1 Charles on mention and A THE PROPERTY OF THE PARTY OF JOHNS A WANTER THE KORE / JOHNSON [1] [2] [1] Let [1] Let [2] Le Who ship to a transfer to the control of the party and the party and the I will have been a first the

requires that the death certificate be executed within 24 hours after

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the haspital or attending physician.

DHMH-16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR

STATE	OF	MARYLAND	
2.7	•.	***************************************	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

'	REGISTRAR				NEO. 110.		
(TYPE	CEASED NAME FIRST Robe	et John Day	•	ÄŠT	20. DATE OF DEATH MONTH D.	YEAR 26 HOUR 5 A.	
3 SE	Male	4 RACE White	5. DATE (3-15 YEAR		IF UNDER 1 YEAR IF UNDER 24	
70. BI	IRTHPLACE (STATE OR FOREIGN OUNTRY PENNA.	U.S.A.	MARRIE	DIVORCED	9. BALTIMORE CITY OR COUNTY Baltimore (ity		
	Baltimore	11 NOT IN SUCH FAC	PITAL, NURSING HOME (JULITY, GIVE STREET ADDRESS) University	Parkway	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	126 KIND OF BUSINES INDUSTRY Retired	
13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU	NTY 13c	RESIDENCE BEFORE ADMISSIONS CITY OR TOWN Baltimone	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS F 224 E. University Parkway		
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN YEAR (TYPE OR PRINT) DEATH MATED Warren Davis 1619 79 4. RACE DATE OF BIRTH A AGE LIN YEARS IF UNDER 1 YR. SEX 11:54A IF LINDER 24 HRS DATE MONTH LAST BIRTHDAY PRONOUNCED DEAD Male Black. 6 1901 77 YRS 17 19 79 TO BIRTHPLACE (STATE OF 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COLINTRY) WIDOWED DIVORCED Baltimore_City, South Carolina IL CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION TYPE OF WORK 126. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE! 2209 Linden Street Baltimore City ISUAL RESIDENCE OF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSIONS 13e STREET ADDRESS 2209 Linden Avenue 113h COUNTY 13d INSIDE CITY LIMITS? Baltimore YES X NO Marvland Af 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MA LAST MIDDLE AND Nancy 17. INFORMANT 16b. SOCIAL SECURITY NO ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? DIVISION (YES, NO. OR UNKNOWN) LIE YES GIVE WAR OR DATES! 212-03-0038 eever 739 Annapolis Rd. No APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY HYGIENE Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. AND CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF BURIAL, YES NOT PRIOR TO BURIA 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 YEAR HOUR A.M. MONTH DAY OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21e, PLACE OF INJURY (AT HOME. 21f. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK AT WORK Inspection X ge of the remains described above, held an 22a, I certify that I taak cha Inquiry and in my apinian utapsy douses X death resulted fram: Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALTIMORE, MA DATE 1/17/79 Deputy Chiefedical Examiner SIGNATURE EXAMINER'S NAME Thomas D. Smith, M.D. 111 Penn ST. Balto., Md. (TYPE OR PRINT) 23a.BURIAL, CREMATION, REMOVAL 23b. DATE 23C, NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial 1/20/1979 ing Memorial Park Baltimore Co. Maryland
D. BY REGISTRAR [256, REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH-17** Tipkou McCreadus (VR A15 ME (5)) March F/H 1101 East North Ave 30M 7 /73

BP.

DHMH - 17 (VR A15 ME (5)) 30M 7/73

STATE OF MARYLAND **DEPARTMENT OF HEALTH AND MENTAL HYGIENE**

1	FOR STATE REGISTRAR			DEPARTMENT OF DICAL EXAMIN				7.9.	-00	774	
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14.	FATHER'S NAME					15. MOTHER'S MAIDE			KUAL		
1	Harry	7	WIDDLE	Deal		Doris		M .		Greas	on
160	. WAS DECEASE	DEVER IN U.S. ARM	ED FORCES?	16b. SOCIAL SECURIT	Y NO.	17. INFORMANT			7922	Harol	
	(YES, NO. OR UNKNO	OWN) (IF YES, GIVE W	/AR OR DATES)			Mr. Harr	y Deal			MD.	
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22-	EXAMINER'S (TYPE OR PRI	NAME Horm	žz R. Gua	rd, M.D.		ADDRESS 111	Penn Str		lto.,	MD 212	01
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24.	7922 W	TOR Duda- ise Aven	Ruck LDDRESS ue, Dun	nc. dalk, MD	212	250 DATE 222 JAN		TRAR 25b. RESIS	STRAR'S SI	NATURE	

Balto ..

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STATE OF MARYLAND 79-00775 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO

REGISTRAR 26 HOUR IF UNCER 1 YEAR IF UNDER 24 HRS OAYS HOURS BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Own Home 1873 Edgewood Road LAST Same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 14-16 he 11 MYDCAR DIAL INFART. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE ond that in (my) Cour opinian death accurred on the date and hour and from the couses stated 22c. DATE SIGNED

Henry W. Jenkins & Sons Co. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 21212

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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PHYSICIAN'S NAME (TYPE OR PRINT) Pio Poblete, MD ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 1 1/19/7		230. BURIAL, CREMATION, (SPECIFY) Buria	REMOVAL 236 DATE	23c N	NAME OF CE	METERY OR CREMATORY	23d. LOCATION	COUN		STATE	

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TO HOSPITAL OR ATTENDING PHYSICIAN: The

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ottending physician.

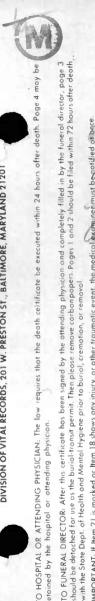
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director. page 3 should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages I and 2 should be filed within 72 hours ofter death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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7		OR CONTRIBUTING CAUSE OF DEA		M. MONTH DA	AY YEAR	1 - 1 - 6					
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MPORTAN		Dr Uma S	a c. Fd	0		St. Ag	nes H	ospital			
≦	23a.	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. N	NAME OF C	EMETERY OR CREM.		23d. LOCATION		INITY	STATE
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MPORTANT: If Item 21 is marked or Item 18 shows ony injury, or other traumatic event, the

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-00778

		REGISTRAR				CERTIF	ICATE OF	DEATH	REG. N	10.				
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BP. DHMH - 16 50M 7/77 (VR A 15 (4)) STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-00779

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226. DATE SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR STAFF 226. ADDRESS 227. DATE SIGNATURE 228. DATE SIGNATURE 228. DATE SIGNATURE 229. DATE SIGNATURE 220. DATE SIGNATURE 220. DATE SIGNATURE 220. DATE SIGNATURE 221. FUNERALIDIRECTOR 220. DATE REC'D. BY REGISTRAR 230. BARBISTRAR 350. BAR		sow the deceased alive on	1/19 19	76			le and has						
PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR			view the body atter death.		DEGREE			22c. DA/TE	SIGNED				
220. ADDRESS Philip (DATE) 230. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) 230. NAME OF CEMETERY OR CREMATORY (SPECIFY) 231. NAME OF CEMETERY OR CREMATORY (SPECIFY) (SPECIFY) 232. DATE REC'D. BY REGISTRAR 23b. BARBISTRAR 35b.		12 16mI		1/19/79									
230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE (SPECIFY) 1-23-79 FORT A3 HBY FORT ASHBY MINERAL 3. 24. FUNERAL PRESISTRAR 23b. BEBISTRAR 25b. BE													
230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE (SPECIFY) 1-23-79 FORT A3 HBY FORT ASHBY MINERAL 3. 24. FUNERAL PRESISTRAR 23b. BEBISTRAR 25b. BE		Philip Kan	its		BCK	2							
(SPECIETY) RURARE 1-23-79 FORT ASHBY FORT ASHBY MINDER W. 24. FUNERAUDIRECTOR 1 250. DATE REC'D. BY REGISTRAR'S SIGNATURE		URIAL, CREMATION, REMOVAL		c. NAME OF CI	EMETERY OR CREMATORY	23d LOCATION							
24. FUNERALDIRECTOR / 250. DATE REC'D. BY REGISTRAR 250. BEDISTRAR'S SIGNATURE		SPECIEVI		_	4-	den A	SHA						
	24. FL		2	7/5/	/ 25a. DAT	E REC'D. BY REGISTRAR 2	Sh. RETOIS						

4		1.	FOR STATE			ST DEPARTMENT O	ATE OF MA		HYGIENE	70 0	0.7	0.0		
1			REGISTRAR		MEI	DICAL EXAMI			OF DEATH	JREG. U	UI	OU		
1	M		CEASED NAMI E OR PRINT)	FIRST JOH	N	WIDDLE	DENT			ATE KNOWNA OF ESTI- ATH MATED	1 MONTH	8 ₁₅	79 YEAR	7b. HOUR
1	PLE DO FECTOR TO STREET	3. SEX	1e	4. RACE White	JUNCAY	YEAR 6. AGE (IN LAST BIRT		R 1 YR. IF UNDER	MIN PRO	DATE NOUNCED DEAD	MONTH 1	8 1	79	IT POR
	ECESSAL JNERAL FOR YC WITHIN	FC	RTHPLACE (ST	ATE OR	76. CITIZEN OF WH		14	□ NEVER MARR	RIED	Baltimore		TY OF DE		
	PELAY IS N TO THE FU PAGE 5 BE FUED, SS 301 W.	10. C	TY OR TOWN	OF DEATH	11. NAME OF HOSI (LE NOT IN SUCH FACE Univers	PITAL, NURSING HO	ME, OR OTHER	INSTITUTION	12a USUAL C	CCUPATION (TYPE		12b. KIND	OF BUS	
1201	ANY DE AND 3 T RETAIN HOULD B RECORDS	130 5	L RESIDENCE	(IF IN NURSING HOME OR		RESIDENCE BEFORE ADM	1 13	d. INSIDE CITY LIMITS? YES NO D	STREET A	DDRESS YO	100	3Pm	7-6	Rd
E, MD. 2	ES 1, 2, ND 2 St. ND	14. F/	THER'S NAME	10- L	MIDDLE T	200 tinst	15	MOTHER'S MAIDE	ENNAME	MIDDLE	in	IAI	ST	
LTIMORI	AFTER DENT PORM TH FORM SIGN OF STORY O	16a. V	AS DECEASED	D EVER IN U.S. ARM		16b. SOCIAL SECUI	RITY NO. 17	INFORMANT	-LDer	ADDRESS	Scr	20	54	#13
ST., BA	M 18. GIVING WITH RMIT. PAGE	>	18. CAUSE O PART I DE	F DEATH (Enter only ATH WAS CAUSED		far(a), (b), and (c).) monary in	suffici	ency seco	ondary	to multi	ole	BETWEE	OXIMATE I	INTERVAL AND DEATH
RESTON	ITHIN 24 III IN ITE NER ALO NNSIT PEI AL HYGIE			ns, if any, which	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	wxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx						7-		
301 W. P	TED W EXAMIN EXAMIN IAL-TRA MENTA OR REM			stating the under-		AS A CONSEQUENC	E OF				T.			
ORDS, 3	MEDICAL INDING" IN MEDICAL IN AS A BUR ALTH AND EMATION, (NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g).											
TAL REC	SED SED	FICATION	19a, DATE OF	OPERATION	19b. CONDIT	ION FOR WHICH OF	ERATION WAS	PERFORMED?					TOPSY?	пожЕ)
NOFVI	FICATE SHO THE WORD O THE CH OULD BE U RIMENT OI TO BURIAL	MEDICAL CERTIFICATION	UNDERLYING	OR CAUSE OF DE	21b. TIME OF HOUR A.M. EATH P.M.	MONTH DAY YE	40	ver in au	'			RT 2)		1102
DIVISION	IIS CERTIFICA WRITING THE ARDED TO TO GE 3 SHOUL TE DEPARTA PRIOR TO	MEDIC	21d. INJURY C		21e. PLACE C	F INJURY (AT HOME, DRY, FARM, ETC.)		FT	Rd Rt 3 S	ortown Ba	co 1 timo	UNTY	Marv	STATE 1and
1	INER: THIS CER ICATE, WRITING E FORWARDED TOR: PAGE 3 S THE STATE DEP ND. 21201 PRIC		1.0	fy that I taak charge		ribed abave, held an		, Inspection	37	quiry . an	d in my ap		1141 7	Idilo
	ICAL EXAMINE THE CERTIFICA SHOULD BE FO ERAL DIRECTOR EATH, WITH THE ORE, MARYLAND.	9	ACTUAL SIGNATURE	Nousi	Ze An	thele		TITLE (SPECIFY) Assistant		EXAMINER	DATE	1/8	/79	
	SE 4 X O S	10	EXAMINER'S (TYPE OR PRI	NAME NT)	Margarit	a A. Kore	11, M.D	DRESS	11 Penn		JIGINE			
	EXECUTE PAGE TO FILE PAGE AFTER BAUTIN	23a.B	JRIAL, CREMA	TION, REMOVAL 23	DATE	23c. NAME OF (EMETERY OR C		23d. LOCAT.	ON CHAR	Cour	VTY	Post	TE C
	DHMH - 17 (VR A15 ME (5)) 30M 7/73	THE CONTRACTOR	NAME	tor th Fur	eral ADDRESS	one B	SU VS	25a. DATE	PEC'D. BY REG	1979 A	STRAR'S S		Cro	7



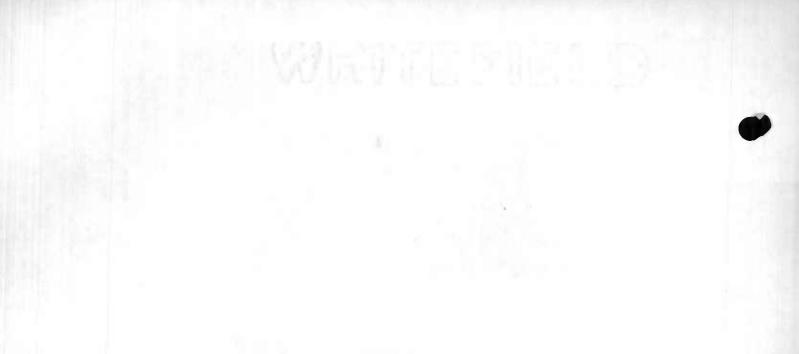
NAME: Willie H. Deshazo

DATE OF DEATH: January 27, 1979

PLACE OF DEATH: Baltimore City

SEE: # 79-03457

February, 1979 Baltimore City





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with the State Dept. Of results on the man 11/9 feet prior to Cortor, or sentation, or sentation examiner must benefitied at once MPORTANT: If them 21 is marked or them 18 shows ony injury, or other troumotic event, the medical examiner must benefitied at once

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-00783

		REGISTRAK			CLICITI	ICAIL OI DEATH	REG. NO	5.			
		CEASED NAME FIRST	The same of	MIDDLE	-	AST	20 DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR	
, A		ORPRINT) RET		L.		TZER	JANUARY		1979	12:4	V
	3 SEX	Female	4. RACE WI	nite	S. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIRTH		INDER I YEAR		MIN,
		RTHPLACE STATE OR FOREIGN	7b. CITIZEN OF	WHAT COUNTRY?	8	M. urura u vaara 🖂	9. BALTIMORE CITY OF	R COUNTY OF	DEATH		
5	M	aryland	U.S.		WIDOWE		Baltimo		~ /		MD.
5	1	Baltimore	Churc	h Home	HOSP	ital	120 USUAL OCCUPATION OF WORK FOR MOST OF HOUSEWIF	ON WORKING LIFE)	INDUSTRY	of Business emake	
3	13a S	TATE Md. 136 C	ME OR OTHER INSTITUTION OUNTY	Baltimo	ADMISSION) N Dre	YES 🌠 NO 🗌	30. STREET ADDRESS 418 N. (Clinto	on S	treet	
	14. FA	Theodore	MIDDLE	Blizzar		15. MOTHER'S MAIDEN NAM	WIDDLE		vans		
1	16a W (Y	VAS DECEASED EVER IN U.S es, no grunknown) (IF YES	. ARMED FORCES? , GIVE WAR OR DATES)	219-34-		Frederick (ltimore ^{DORE} C. Detzer		2122 V.Cl		St
	NO	gove rise to immediate CDUSE (0), stating the underlying cause lost PART 2. OTHER SIGNIFICA	DUE TO, O	R AS A CONSEQUE		NOT RELATED TO THE TERMIN	NAL DISEASE OR COND)ITION GIVEN	IN PART 1	01	
2	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a. AUTOPSY? YES NO NO	20b. IF YES, WIN CERTIFYIN	G CAUSES		1?
7		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE C	F DEATH HOUR A		AY YEAR	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18, PART	OR PART 2)		
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	21f. LOCATION STREET	CITY OR TOW	И	COUNTY	STAT	TE .
		22a I certify that (1) (this has sow the deceased alive obove, (have (did (did 22b, SIGNATURE	e ond not) view the bady	e desaged from		1-26 , 19 79 and that in (my Your opinion de	_, 10	30, 19.	nd from the	that (we couses state SIGNED	
		A.C. C	houvali'	t, m.b.		ATTENDING PHYSICIAN	MEDICAL STAF	IAN []	1-	-30-7	9
1		A. C. C	HOUVALI'		N	100 N. BR	CH HOSPIT. OADWAY, B.				
	(:	BURIAL, CREMATION, REMO	2/2/	79-Carr	ollt	emetery or crematory on Ch. of God		12	1	Md STATE	E
	24. FU	INERAL DIRECTOR John	H. Moran,	ADDRESS	The A	25a.DATE	RECD. BY REGISTRAR	256. REGISTRA	R'S SIGNA	TURE	

DHMH - 16 50M 7/77 (VR A 15 (4))

3000 E. Baltimore St.

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1,12	It	tem #18 Film G52	8 2/9/	79 rc	STATI	OF MARYLAND			
4	1.	FOR - STATE REGISTRAR		DEP		EALTH AND MENTAL H	YGIENE REG. N	79-00	786
5		CEASED NAME FIRST	7	MIDOLE		AST		MONTH DAY YEA	R 2b. HOUR
y be	(TYP)	Leori		P.	Dicke	rson	1-15	-1979	10 PM
ctor, p	3 SE	Emale	RACE	920	5. DATE C		6. AGE (IN YEARS LAST BIR	MONTHS 0	YEAR IF UNDER 24 HRS AYS HOURS MIN
Pog dire hour	7a. B	IRTHPLACE (STATE OR FOREIGN 7)	1 1	WHAT COUN	ITRY? 8		BALTIMORE CITY C	YRS. PR COUNTY OF DEATI	н ,
death.	N	orth Carolina		5. A.	WIDOWE			imore Q	the MD
or softer softer of the followified will like with the following the fol		ITY OR TOWN OF DEATH		HOSPITAL, NI CHEACILITY, GIVE	STREET ADDRESS),	ed. Center	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST O		ND OF BUSINESS OR
ours ours be n	USU	Baltimore L AL RESIDENCE (IF NURSING HOME OR O STATE 1136 COUNT	THER INSTITUTION	, GIVE RESIDENCE	BEFORE ADMISSION)				
AND 2 7 filled sould be		aryland 135 COUNT	Y	100 011 1 011	imore	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 2723 Uhl	er Avenue	<u> </u>
RYLA vithin vith	14. FA	ATHER'S NAME	ODLE	LAS		15 MOTHER'S MAIDEN	NAME		LAST
MAN ed w		Samuel		Boyet		Della	MiDDLE	Lewi	
RE, decut cecut decut de		VAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE W		166 SOCIAL	SECURITY NO.	17. INFORMANT	ADDRI	SS	
MORE, n and commedical	,	(IF TES, ONE W	AR OR DATES)	243-1	6-2821	Mozella Y	elverton F	remont .	N. C.
ALT sicio pers ol.		18 CAUSE OF DEATH (Enter only	one couse pe						PROXIMATE INTERVAL
T., B		PART I. DEATH WAS CAUSED IMMEDIATE	BY		epticemi	a			days
N cer ding		ワククム		D 16 1 COVI	FOURNISE OF		QALLEY NO.		
STO eoth eoth we co		Canditions, if any, which	DUE TO, C	ecubi	tus ulce	ers			
PR de de de matient de		gave rise to immediate couse (a), stating the	(6)						
W. by the see rate of the other		underlying couse last	DUE TO, C	OR AS A CONS	EQUENCE OF				
201 red I	13	PART 2 OTHER SIGNIFICANT CO	NDITIONS C	ONTRIBUTING	TO DE ATH BUT	NOT BELATED TO THE TE	RMINAL DISEASE OR CON	DITION CIVEN IN DAD	T 1/
quir quir quir sigr Then to b	Z O	(R)CNA T. CAN	traca	11401	and de	Culities	KMIINAL DISEASE OR COIN	DITION GIVEN IN PAR	1 1(0)
been mit 1	A Ž	190 DATE OF OPERATION	196 COND	ITION FOR W	HICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIN	VDINGS USED
hos lo	띪						YES NO	IN CERTIFYING CAU	ISES OF DEATH?
ITAL II. The sicion. age ho onsit pe yygiene 3 show	CERTIFICATION	21g. ACCIDENT WAS UNDERLYING	21b. TIME C	OF INJURY		21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJUR		
SICIAN: ng physic certifical priod-from in them 18		OR CONTRIBUTING CAUSE OF DEATH			DAY YEAR				
NO NO PYSICIA ding post out of them of the out of the o	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED		.M. OF INJURY	19	211 LOCATION			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours attending physician and completely filled in by that this certificate became using the outending physician and completely filled in by as the burial-transit permit. Then please remove corbonpapers. Pages 1 and 2 should be fill the and Mental Hygiene priar to burial, cremation, or removal.	ME	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY, O	FFICE, FARM, ETC.)	STREET	CITY OR TOV	VN COUNTY	STATE
ADIR L or Use of leolth		220.1 certify that (I) (this hospita) ottended th	ne deceosed f	om NOUEN	BER 5, 1973	, to_JANUI	FRY15, 1979	_, that (1) (we) lost
prite prite of H		sow the deceased alive an above (1) (we) (did) (did not)	view the body	ofter death.	.19 <u>79</u> , on	d that in (my) (our opinio	on death occurred on the de	ote and hour and from	the couses stated
hospit hospit hed fo ept. of them 21		22b. SIGNATURE	2 1 4		4.	DEGREE	HILL DESCRIPTION	22c. D	ATE SIGNED
Al O the letac orte D Tr. If I		Coanne 6	Will	lear	we my	2 ATTENDING PHYSICIAN	MEDICAL STA		-16-79
10SPIT, ned by FUNER, Jid be don'the Sto		22d. PHYSICIAN'S NAME (TYPE ORP	RINT			22e. ADDRESS			
O of of of the Man	23a. I	BURIAL, CREMATION, REMOVAL	23b. DATE		23c. NAME OF C	EMETERY OR CREMATOR	Y 23d LOCATION		
× // BP	(Burial		/1979		Cemetery	CITY OR TOWN	ro, N. C.	STATE
DHMH-1650M7/77	24. F	UNERAL DIRECTOR	2720			25a. D	ATE REC'D. BY REGISTRAR	ASD. REGISTRATES STE	NATURE
(VR A 15 (4))		Wm. C. March I	P/H 1-	ADDRE		+b 7770	JAN T 3 191		
		. C. March	- / II -	TOT TO	IST MOL	LII AVE.			

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DHMH-16 20M (VRA 15, 4) 7/7B

MPORTANT

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 2g. DATE OF DEATH MONTH 1. DECEASED NAME 2h HOUR (TYPE OR PRINT) Robert DIGGS 1979 5:05P Januaru 4 RACE 3 SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS HOURS **BALTIMORE CITY OR COUNTY OF DEATH** TO BIRTHPLACE ISTATE OF FOREIGNA TO CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED COUNTRY DIVORCED WIDOWED Baltimore Citu IN CITY OF TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUATOCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK POR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Baltimore Maruland General Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136 COUNTY 13d INSIDE CITY LIMITS? YES T NO [15. MOTHER'S MAIDEN NAME A FATHER'S NAME MIDDLE MIDDLE Y.504 16 SOCIAL SPLURITY NO. ADDRES: 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic: PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10) Probable Septal Myocardial Infarct DUE TO, OR AS A CONSEQUENCE OF (b) Arteriosclerotic Cardiovascular Disease Conditions, if any, which gove rise to immediate to), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse lost Cirrhosis Of Undetermined Tupe PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES ... NO YES 🗔 NO [21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH YEAR DAY OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 220.1 certify that XXthis haspital) attended the deceased from Januaru 10 19.79 19 70 thank (we) lost to Januaru 18 sow the deceased alive on January 18 obave. M (we) (did) MKM(t) view the body after death 79 and that in (MM(our) opinion death occurred on the date and hour and from the causes stated 276. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL ATTENDING STAFF 11-19-79 PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S MAME (TYPE OF PRINT) 22e ADDRESS Jing Liu, M.D. c/o Maryland General Hospital 23d LOCATION 23a BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 236. DATE COUNTY STATE (SPECIFY) 250. DATE REC'D. BY REGISTRAR 256. BEGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ADDRESS

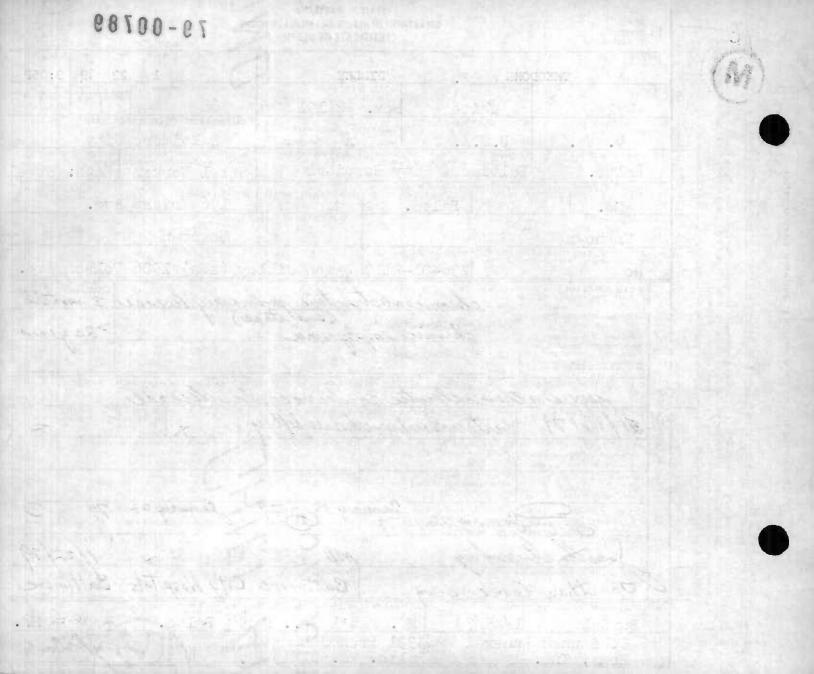
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-00789

	1	FOR - STATE REGISTRAR			F HEALTH AND MENTAL HY FIFICATE OF DEATH	GIENE 79-	0789	
77		CEASED NAME FIRST	WIDDLE		LAST	20 DATE OF DEATH MO	NTH DAY YEAR	26. HOUR
		THEO	DORE E.		ILLEY		1 22 79	3:05P M
	3. SE	Х	4 RACE		TE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDA	MONTHS DAYS	
		Male	White	Nov		66	YRS.	
الريو		IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT CO	OUNTRY? 8 MAR	RIED NEVER MARRIED	9. BALTIMORE CITY OR C		
00		W. Va.	U.S.A.		WED A DIVORCED		ore City	MD
Softied /		Balto.	Baltimore	City F.		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W Steel Worl	ORKING LIFE) INDUSTRY	of BUSINESS OR Y
most be	₩SU 13a	AL RESIDENCE (IF NURSING HOME OF STATE 136 COL	INTY 13c CITY	nce before admissi or town Lto.	13d. INSIDE CITY LIMITS? YES ☑ NO ☐	13e. STREET ADDRESS 5196 Wrig	ght Ave.	
examore	14. F.	ATHER'S NAME FIRST Unknown	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	Unknown	(.	AST
loo!		WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOC	IAL SECURITY NO	D. 17. INFORMANT	ADDRESS		
med /		No		-01-211	7 James Dil	Ley (son) lo		ON AVE.
or other traumat		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CO	NIC IN	nphysima.		>20	years
, inlury,	NOIL	severe i	athereselle	notice a	BUT NOT RELATED TO THE TERM	davdesea	ee .	
Joms du	CERTIFICATION	190 DATE OF OPERATION	and a	17 1 .	re diseaseleft i	YES NO NO	Ob. IF YES, WERE FIND N CERTIFYING CAUSE YES	NO SA
2		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE			AR 9	RRED (ENTER NATURE OF INJURY IN	FITEM 18, PART 1 OR PART 2)	
5	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21¢ PLACE OF INJUR (AT HOME, STREET, FACTOR		21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
21 is mo	J	22a t certify that (I) (this has saw the deceased always above, (I) we (did) did n	potal ovended the decease		, and that in (my) (our) pinior	death ocurred on the date	and hour and from the	ne couses stated
ANT. If Hem		27b. SIONATURE	Telestren		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAL	- 11	22/79
MPORTANT	6	TOMOTHAN	Greenbe	erg	Battmore	City Hospi	tals, Bat	timore
IMPORTA		BURIAL, CREMATION, REMOVA (SPECIFY) Burial	1 /25/70	Md.	F CEMETERY OR CREMATORY Nat'l Mem. P	23d. LOCATION CITY OF TOWN	COUNTY	STATE Md.
/77	24 F	UNERAL DIRECTOR UNDER	Funeral A	DDRE\$3331	Brehms Lane	TE REC'D. BY REGISTRAR 256	REGISTRAR'S SIGNA	Y & Cready
		Home. Inc.		Balto	. Md. 21213	TIES O'NHO	-	

Inc



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME FIRST MIDDLE 20. DATE OF DEATH 26 HOUR (TYPE OR PRINT) AMES 12 4. RACE 3. SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH DAY YEAR MALE White 78 3 00 To BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED BALTIMORE City WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) Merch. Mar. BALTIMORE Seaman DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 212D USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION. 130. STATE 136 COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Ma BALTIMORF 6209 YES NO A FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST MIDDLE Foley UNKNOWN Mary ADDRESS 17 INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) YES, NO OR UNKNOWN) 124-12-6237 Mary J. Dillon, 6209 Carter Ave. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Canditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED. TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LO CERTIFICATION ō 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? pe NOX YES [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR Mental MEDICAL à (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE 22a | certify that (1) (this hospital) attended the deceased from. saw the deceased alive an_ and that in (my) (conf apinian death occurred an the date and hour and fram the causes stated above, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL STAFF should be deta with the State [PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS 230. BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY Parkville, Balto. Md. Burial Jan. 15, 1979 Moreland Mem. Pk. 250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNAT 24 ROBERT C. ALTENBURG FUNERAL HOME, INC DHMH - 16 50M 1/76 (VR A 15 (4)) 6009 Harford Rd., Balto., Md. 21214

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

7h HOUR

NOF

STATE

IF UNDER 1 YEAR DAYS

9 BALTIMORE CITY OR COUNTY OF DEATH

12h KIND OF BUSINESS OR

INDUSTRY

WILDFAYETTE HUE

Powell

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Immediate

1eaRS

20b. IF YES, WERE FINDINGS USED

Maryland

24 FUNERAL DIRECTOR 319 N. Schroeder Street

DHMH - 16 50M 1/76 (VR A 15 (4))

FOR

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STATE OF MARYLAND **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20. DATE KNOWN (X) MONTH 7h HOUR (TYPE OR PRINT) OF ESTI-HATTIE Moses DTXON 1079 6. AGE (IN YEARS | IF UNDER 1 YR 4 RACE 5 DATE OF BIRTH IF UNDER 24 HRS DATE 2:30 PRONOUNCED 18 6/10/60 1079 female negro DM Th. CITIZEN OF WHAT COUNTRY? Po BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED MARRIED FOREIGN COUNTRY) Baltimore City WIDOWED DIVORCED Md. PAGE S FILED. D CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Baltimore Bon Secour Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13g STATE 1136 COUNTY 13d. INSIDE CITY FIMITS? 13e STREET ADDRESS Md. Balto. W. Lexington St. 1109 NO [] 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST LAST Arthur Dixon Hattie Moses 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17. INFORMANT IYES, NO. OR UNKNOWN) I DE YES GIVE WAR OR DATES! 13-86-1067 DIVISIO No Christine Mercer 1109 W. Lex. St. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Gunshot wound of chest IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF REMOVAL Canditions, if any, which SED AS A BURIAL-TRANS HEALTH AND MENTAL CREMATION, OR REMOV gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19a DATE OF OPERATION 19h, CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? OF BURIAL, YES X NO 3 SHOULD BE DEPARTMENT 21g. EXTERNAL CAUSE WAS 21h TIME OF INILIRY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING AOR 0 MEDICAL 1979 1-25-Shot by assailant. CONTRIBUTING CAUSE OF DEATH PRIOR 1 21e PLACE OF INJURY (AT HOME. 21f LOCATION 214 INJURY OCCURRED FORWARDED STREET, FACTORY, FARM, ETC.) COUNTY STATE WHILE NOT WHILE STATE (bar 1231 N. Gilmor St. Balto. Md. TO MEDICAL EXAMINER: 1
EXECUTE THE CERTIFICATE,
PAGE 4 SHOULD BE FORV
TO FUNERAL DIRECTOR: P
AFTER DEATH, WITH THE SI
BALTMORE, MARYLAND, 21; Autopsy X 22a. I certify that I taak charge of the remains described above, held an Inspection Inquiry and in my apinion Hamicide K death resulted fram: Suicide Undetermined manner Accident TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER 1-26-79 SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St. (TYPE OR PRINT) ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE Buria] CITY OR TOWN Brooklyn Md. Calvary CEm 24. FUNERAL DIRECTOR 25g. DATE REC'D, BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** FEB (VR A15 ME (5)) 1300 Rice Eutaw Pl. 30M 7/73

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TRACET C NOWEN CO., 108 V. Horen Ave. 10201 14 La

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-00794

	STATE REGISTRAR				EALTH AND MENTAL HYG CATE OF DEATH	IENE 79	-007	34	
	CEASED NAME FIRST	MIDDL	LE .	ĹA	ST	NEO.TH	MONTH DAY	YEAR	2b. HOUR
(1112	Martha	н	Dom	inta	b		1 27	79	2 · 31F
3. SEX		4 RACE		DATE OF	FBIRTH	6. AGE (IN YEARS LAST BIRTI		UNDER I YEAR	IF UNDER 24 H
	Female	White	J	Janua	ry 29, 1914	64	YRS	NTHS DAYS	HOURS MIN
	RTHPLACE ISTATE OR FOREIGN	U.S.A.	٨	MARRIED	NEVER MARRIED DINORCED	Baltimore City o		FDEATH	
35.	it or town of death		PITAL, NURSING H LIUTY, GIVE STREET ADDR HOME HOS		ROTHER INSTITUTION	120 USUAL OCCUPATION THE OF WORK FOR MOST OF HOUSEWIJE	ON WORKING LIFE)	12b. KIND C INDUSTRY WIT	F BUSINESS O
130. 5	AL RESIDENCE IF MURSING HOME OF ATTACK 136 COU	R OTHER INSTITUTION, GIVE NTY 136.	RESIDENCE BEFORE ADA CITY OR TOWN Baltimore	MISSIONI	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 323 S. Was	hingto	n Str	eet
14. FA	Walter	Ma.	lkinski		15. MOTHER'S MAIDEN NAME HELEN	AE MIDDLE	Mal	kinsk	i.
	VAS DECEASED EVER IN U.S. AF (ES, NO OR UNKNOWN)	C WAR OR DATECT	SOCIAL SECURITY 214-12-02		Mrs Mary Elle	an Fronczak		Searle	es Road
	Conditions, if any, which	(6) 7							
NC	gove rise to immediate cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICANT	DUE TO, OR AS	A CONSEQUENC Scleroder	cma,	Upper G I Ble	eeding	ITION GIVEN	IN PART 1(d	31
TIFICATION	gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS	A CONSEQUENC SCLEROder	CMA,	Upper G I Blo	eeding	20b. IF YES, V IN CERTIFYIN	VERE FINDIN	NGS USED
CAL CERTIFICATION	gove rise to immediate cause iol, storing the underlying couse lost. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE LIF EITHER, NOTIFY MEDICAL EXAMINER	CONDITIONS CONTI	A CONSEQUENCE SCLETOGER RIBUTING TO DEA N FOR WHICH OPE JURY MONTH DAY	CE OF CMA, ATH BUT N ERATION YEAR 19	Upper G I Ble NOT RELATED TO THE TERMINAL WAS PERFORMED 21c. HOW INJURY OCCURR	Peding NAL DISEASE OR CONE 200 AUTOPSY? YES NOM	20b. IF YES, V IN CERTIFYIN YES [VERE FINDING CAUSES	NGS USED OF DEATH?
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DHMH - 16 50M 7/77 (VR A 15 (4))

& Zeiler Inc. 1901-07 Eastern Avenue

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DIVISION OF VITAL

(VRA 15, 4) 7/78

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-00796

	Female	White	5. DATE OF BIRT	h a ary 13 % 18	6. AGE (IN YEARS LAST BIRTHDA 79 87	MONTHS DAYS	IF UNDER 24 HR
5 70. B	BIRTHPLACE (STATE OR FOREIGN Kentucky	76 CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED WIDOWED	DIVORCED [Baltimore city <u>or</u> c		^
1	Baltimore	11. NAME OF HOSPITAL, NURSI JIF NOT IN SUCH FACILITY, GIVE STREE Harford Gard	ens Nurs:		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Domestic		F BUSINESS C
13a	Maryland Bal	ROTHER INSTITUTION, GIVE RESIDENCE BEFO NTY 13c. CITY OR TOV Limore Middle	River YES		130 STREET ADDRESS WILSON	Point Road	2122
3	John Sponse	MIDDLE LAST	IS M	OTHER'S MAIDEN NAM	ret Wiggins	LAS	
5 16a Y	WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SEC E WAR OR DATES) 219 34		Austin A. 1	Donleve	Same	NION!
CERTIFICATION	PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE (C) CONDITIONS CONTRIBUTING TO Small Strop Tips CONDITION FOR WHICH	DEATH BUT NOT		20a AUTOPSY? 20	Db. IF YES, WERE FINDIN	GS USED
RTIFIC	21a. ACCIDENT WAS UNDERLYING T	7 216, TIME OF INJURY	121-	HOW IN HURY OCCUPAN	YES NO NO	YES	OF DEATH?
11	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR		ED JENTER NATURE OF INJURY IN	THEM 18, PART I OR PART 2)	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PŁACE OF INJURY LATHOME, STREET, FACTORY, OFFICE,		OCATION STREET	CITY OR TOWN	COUNTY	STATE
	saw the deceased alive or	ital) ottended the deceosed from. 19 11 view the body ofter death	17 /7	in (my) (o-c) opinian d	eoth occurred on the date		
	obove, (I) (Ne) (and Idid no		-117			421. DATE.	0.00.00
	obove. (I) (Ne) (Solar did no	faramenen	220.	ATTENDING PHYSICIAN ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	1/10	5(79

BP_____ DHMH - 16 50M 7/77 (VR A 15 (4))

etained by the hospital or

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral after should be detached for use as the burial-transit permit. Then please remove corbonpopers. Pages 1 and 2 should be filled within 72 hours that the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME 20 DATE OF DEATH 2h. HOUR Warren (TYPE OR PRINT) 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHOAY) IF UNDER EYEAR MONTH DAYS ale hite **BALTIMORE CITY OR COUNTY OF DEATH** TO BIRTHPLACE STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? COUNTRY MARRIED NEVER MARRIED U.S.A. Maryland Baltimore City WIDOWED DIVORCED [] 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Church Home Hospital Pump Maker USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13e STREET ADDRESS 13c CITY OR TOWN 13d INSIDE CITY LIMITS? Dundalk 7842 Gough Street Maryland Baltimore YES [] NO X 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Donohue Thomas Mae Barnes 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT ADDR2138 Firethorn Rd. (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) 215-05-5015 Dennis E. Carroll, Baltimore, MD 21220 WW II Yes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART NO CERTIFICATION 190 DATE OF OPERATION 20h. IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES T 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 71a ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased fram. saw the deceased alive an. and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did nat) view the bady after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECT should be detached to with the State Dept. o

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MPORTANT:

24 FUNERAL DIRECTOR Duda-Ruck, Inc. 7922 Wise Avenue, Dundalk, MD 21222

23a. BURIAL, CREMATION, REMOVAL

Burial

(SPECIFY)

1/12/79 Holly Hill Cem.

23c NAME OF CEMETERY OR CREMATORY

Baltimore,

Maryland

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S DIGNATURE ristre McCherch

0 10 REISTERSTOWN RD. BALTO. MD 21215

FOR

REGISTRAR

FIRST

- STATE

DHMH - 16 50M 7/77 (VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

HOURS

APPROXIMATE INTERVAL

NOF

22c. DATE SIGNED

MARYLAND

250. DATE REC'D. BY REGISTRAR 25h. REGISTRAR'S SIGNATURE

STATE

STATE

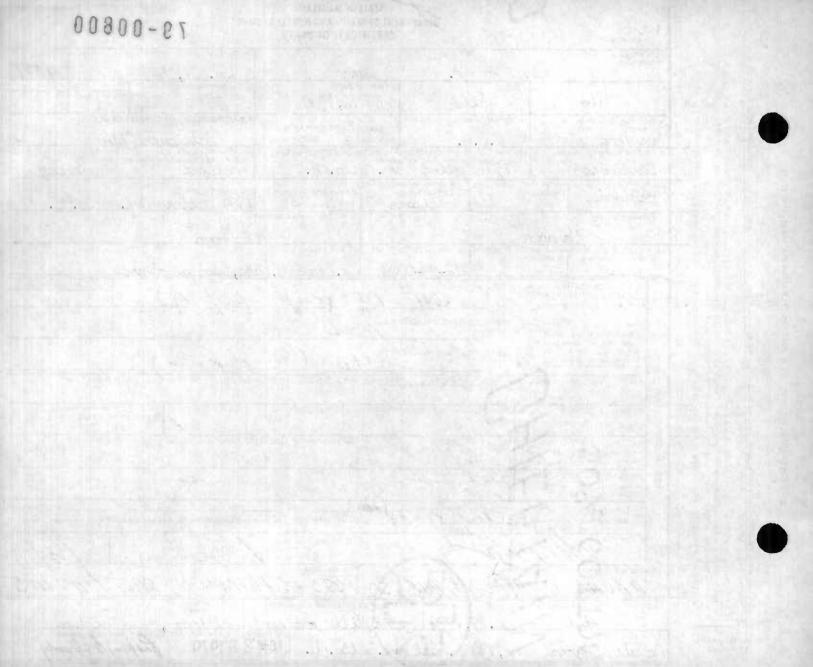
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME FIRST 20. DATE KNOWN XX TYPE OR PRINT OF ESTI-DEATH MATED Harry C. Dorfler 11 19 79 4 RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE 24. HOUR LAST BIRTHDAY PRONOUNCED 8:30A Male White DEAD YRS 11 10 79 To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED TNEVER MARRIED FOREIGN COUNTRY) Maryland Baltimore City, WIDOWED DIVORCED ID CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY Seal Foreman-Crown Baltimore City 419 Cedarcroft Road USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY Balto. 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS YES IX Evesham Ave. NO [14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME John MIDDLE FIRST Mamie Mellor 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO. ADDRESS (YES, NO. OR UNKNOWN) No 2-10-2554 Donald Lutherville Hoatson 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF REMOVAL Conditions, if ony, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES [] NO IX 3 SHOULD BE DEPARTMENT 210 EXTERNAL CAUSE WAS 216 TIME OF INILIRY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, 21f. LOCATION WARDED AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORY TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE SI BALTMORE, MARYLAND, 21 Inspection 22a. I certify that I took charge of the remains described above, held on Autopsy Inquiry death resulted from: Homicide Undetermined monner TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER 1/11/79 SIGNATURE EXAMINER'S NAME Virginia L. Dolan, M.D. 111 Penn St. Balto., Md. (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY Burial Woodlawn Itimore County. 24. FUNERAL DIRECTOR 25h REGISTRAR'S SIGNATURE 250. DATE REC'D. BY REGISTRAR **DHMH - 17** (VR A15 ME (5)) 30M 7/73 York Road



/			STATE OF MARYLAND		
5	FOR STATE REGISTRAR	DEP/	ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 79-0	0800
	1. DECEASED NAME FI	RST MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
og pe		rank P.	Donn	Jan. 21, 1979	4000
cto to	3. SEX Male	1. RACE thite	5. DATE OF BIRTH MONTH 12, 1400 YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
Pog dire	To BIRTHPLACE ISTATE OR FOREIG	N 75 CITIZEN OF WHAT COUNT	RY? 8	9 BALTIMORE CITY OF COUNT	TY OF DEATH
death.	Paruland	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED		City MD.
os after of by the filled with	Baltimore	(IF NOT IN SUCH FACILITY, GIVES	rsing home or other institution recet appress) Balto. Ad.	120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING ITOINEEL	186 KIND OF BUSINESS OR INDUSTRY
24 hour 24 hour ould be f		OME OR OTHER INSTITUTION, GIVE RESIDENCE E COUNTY 130, CITY OR 1	TOWN 134 INSIDE CITY LIMITS?	130. STREET ADDRESS 1504 Cattery Av	e Balto Hd
MARYLA within ted within ampletely and 2 sh	14 FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN N	AME MIDDLE	LAST
Necul xecul	160 WAS DECEASED EVER IN L	I.S. ARMED FORCES? 166 SOCIAL S (ES, GIVE WAR OR DATES)	ECURITY NO. 17 INFORMANT	ADDRESS	
ALTIMO	No	212-09-	-0098 Mr. Frank 1	John, Same as above	
, 201 W. PRESTON ST., BL	Conditions, if any, who gove rise to immedicause (a), stating underlying cause le	DUE TO, OR AS A CONSE	Derverp.	PO/ MJ eplysema) minal disease or compilion G	DETWEEN ONSET AND DEATH DETWEEN ONSET AND DEATH IVEN IN PART 1(0)
TAL RECORDS. The law requir cron. In the law peem signification is the most been signification is the prior to the prior to the shows any injure.	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLY	19b. CONDITION FOR WH	NCH OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? IES \(\text{NO} \)
N OF VITA SICIAN: The ng physicia certificate rriol-transit ental Hygie		OF DEATH HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18	
DIVISION OF VITAL DING PHYSICIAN: The or offending physicion After this certificate h e as the burial-transit p alth and Mental Hygier marked or item 18 sha	OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL EX 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY	19 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
a de P o D		haspital) attended the deceased from	om	, ta	, 19, that (I) (we) last
TTEN Pritol TTOR: for us of He 21 is	sow the deceased a	ive an Alia 8 1	9 7 , and that in (my) (aur) apinion	n death accurred on the date and he	our and fram the causes stated
TAI OR A RAI DIREC detoched onte Dept.	22b. SIGNATURE	Mylylu	DEGREE ATTENDING PHYSICIAN :	MEDICAL STAFF DIRECTOR PHYSICIAN	226. DATE SIGNED (28/19)
HOSPI ined b FUNE uld be uld be ORTAI	CARBOS 1	(TYPE ORPRINT) -PATALING HILL	So COD B. F	ATAPSCO RA	4. MO 2/25
M Short Shor	230. BURIAL, CREMATION, REM	OVAL 236 DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
14/4 BP	Burial	Jan. 25, 1979	Tedan Hill Cometenu	A 1	Manuland
DHMH-16 50M 7/77	24 FUNERAL DIRECTOR	ADDRES			STRAR'S SESNATURE
(VR A 15 (4))	Mc ully Funera	L Home, 130 Ford	Ave. Balto. I'd. JA	V 2 6 1979 King	tray Malrusly



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DHMH - 16 25M

(VR A 15 (4)) 9/74

STATE OF MARYLAND

	1-	FOR STATE REGISTRAR			DEPARTN		ICATE OF DEATH	GIENE REG.		-008	02	
		CEASED NAME	RINTI		MIDDLE		AST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR	
		IRA			C.	D	RAINER	JANUARY	16,	1979	9:00A	
)	3 SEX	Male	8-1	4 RACE White		5. DATE O	DAY _ YEAR	6 AGE (IN YEARS LAST)	HRTHDAY)	MONTHS DAYS	HOURS MIN	
5		RIHPLACE ISTATE OR FO		76 CITIZEN OF WHAT COUNTRY?		MARRIE WIDOWE	DE NEVER MARRIED DIVORCED	9. BALTIMORE CITY Baltimore			MD	
2		ty or town of DEA ltimore	ТН	11. NAME OF H	HOSPITAL, NURSIN HEACHITY, GIVE STREET, TCh HOME	G HOME C ADDRESSI HOSP	or other institution	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUST RET			of Business or red	
3	13a. S	AL RESIDENCE (IF NURSI TATE ryland	NG HOME OR 13b. COUN		Baltimor	N	13d. INSIDE CITY LIMITS?	13-7 STREET SOORES	thel	Street		
Y		THER'S NAME Augustas	,	MIDDLE	rainer		Is mother's maiden na Harriet	WE		LA	51	
1	16a. W {Y	AS DECEASED EVER		MED FORCES? WAR OR DATES)	235-34-3		Mrs Susan A		714 S	. Bethe	l Street	
		Conditions, if ony, gove rise to immrcouse (o), stoting	AS CAUSEI IMMEDIAT which nediote	D BY: E CAUSE (0) DUE TO, O(PNEUMON RAS A CONSEQUE SEPTICE	IA A	ND RESPIRAT	ORY FAIL	URE		O DAYS	
		couse (of, storing the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF RENAL FAILURE PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE										
	NO O	PART 2. OTTIER SIGN	IIICAINIC				TERIOSCLERO		NADII IOIA G	MEIT HALVEL II	01	
2	CERTIFICATION	19a DATE OF OPERAT	ION				N WAS PERFORMED	200. AUTOPSY? YES NO	IN CERT	ES, WERE FINDII FIFYING CAUSES YES		
1		210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDICA	AUSE OF DEA	TH 21b. TIME O HOUR A.	M. MONTH DA	YEAR						
	MEDICAL	216 IN JURY OCCURR WHILE NOT WH AT WORK AT WOR	ILE 🗆	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)			211. LOCATION STREET	CITY OR 1	OWN	COUNTY	STATE	
		sow the decease obove, (1) we (d	d alive on	T-	16 19	79	1-5, 19, 79 and that in (my) (our opinion	death occurred on the			that (I) we ast causes stated	
		A.C.C	hous	0	m. D.		DEGREE ATTENDING PHYSICIAN [MEDICAL ST	AFF SICIAN 🛣	22c. DATE	16-79	

A. C. CHOUVALIT, M.D.

SS CHURCH HOSPITAL
N. BROADWAY, BALTIMORE, MD 100 Oakland, Maryland 23c. NAME OF CEMETERY OR CREMATORY

24 FUNERAL DIRECTOR
Lilly & Ze: 1901-07 Eastern Avenue & Zeiler Inc.

1-19-1979

Oakland

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

STATE

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STATE OF MARYLAND

FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

- STATE REGISTRAR REG. NO 20. DATE OF DEATH MONTH 26 HOUR 1. DECEASED NAME MIDDLE (TYPE OR PRINT) DRAKE JAMES IF UNDER 24 HRS 6. AGE (IN YEARS LAST BIRTHDAY) 3 SEX 4. RACE 5 DATE OF BIRTH DAYS HOURS MONTH OAY JEAR 9 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OR FOREIGN MARRIED ENEVER MARRIED Baltimore BALTIMORE CIT WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a, USUAL OCCUPATION 126. KIND OF BUSINESS OR IR CITY OR TOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 010 BALTIMORE Mechanic SOUTH BAL. GEN. HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e. STREET ADDRESS 130. STATE ML 13d. INSIDE CITY LIMITS? 13b. COUNTY SKITISW YES 🗔 NO 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE LAST 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 0015. NAMVE 2/6 6-02503-882 yes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY 48 hr NSUFFICIENC respiralory IMMEDIATE CAUSE (0) DUF TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse CANCEY PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 20b. IF YES, WERE FINDINGS USED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? YES NO YES 1 NO T 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 P.M 21e. PLACE OF INJURY 211. LOCATION 21d. INJURY OCCURRED CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK AT WORK 22a I certify that (I) (this haspital) attended the deceased from sow the deceased plive on O and that ir (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did (did not) view the body after death 22c DATE SIGNED DEGREE 226. SIGNATURE MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS 226 PHYSICIAN'S NAME (TYPE OR PRINT) S. HAMOVER ST, BALTIMORE 3001. PRASAD 21230. 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION REMOVAL 23b. DATE 136 RVM LALUALLY

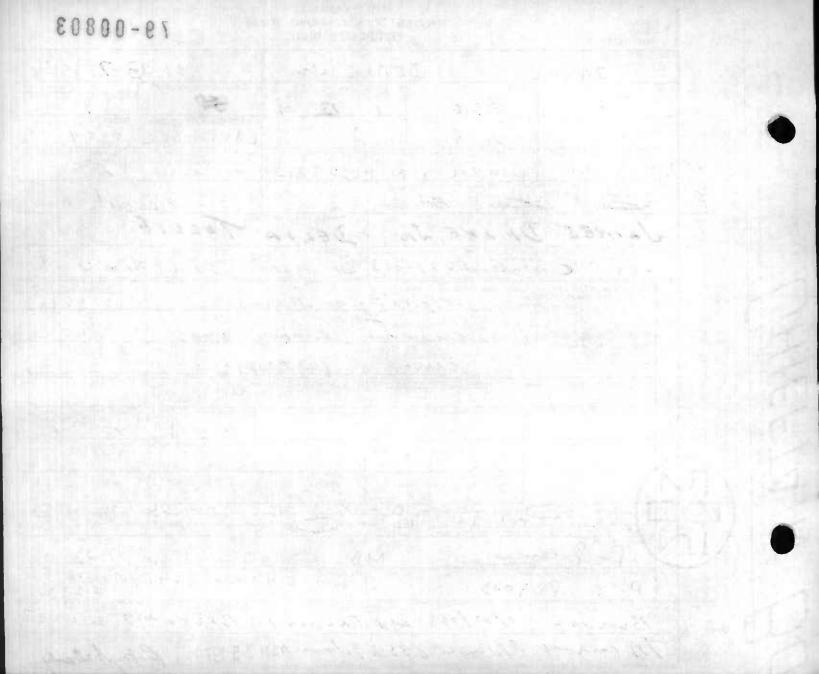
250. DATE REC'D. BY REGISTRAR 256. REGISTRAR

DHMH - 16 25M (VR A 15 (4)) 9/74

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STATE OF MARYLAND

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-00805

	1 -	FOR STATE REGISTRAR		DEPART		EALTH AND M		H REG. NO.					
8		CEASED NAME FIRST		MIDDLE	L	LAST		26. DATE OF DEA	DAY YE	AR 2	b HOUR		
	Shire	BERTHA NMN			DR	IVER		/	1	7	79	4:27pm	
8	3. SEX	Х	4 RACE		5. DATE C			6. AGE (IN YEARS L	AST BIRTHDAY)	IF UNDER 1		F UNDER 24 HRS	
á	199	Female	N		MgNTH	' '	ŏi	77	YRS		DAYS	HOURS	
79	la BII	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF	WHAT COUNTRY	? 8 MARRIE	D NEVER M	ARRIED X	9. BALTIMORE C	ITY OR COUN	TY OF DEAT	Н		
2		Maryland		ISA	WIDOWE	DIV	ORCED	BALTIN		ITY		MD.	
7	10 CI	ITY OR TOWN OF DEATH		HOSPITAL, NURSI		OR OTHER INSTI	TUTION	12a USUAL OCC (TYPE OF WORK FOR				BUSINESS OR	
9		ALTIMORE	ST	AGNES	HOSPI	TAL		Retir				nment	
2	USUA 13e. S	AL RESIDENCE (IF NURSING HOME OF		13c. CITY OR TO		1 13d INSIDE CIT	Y LIMITS?	13e STREET ADD	RESS				
5	M	Maryland		Baltin		111111111111111111111111111111111111111	NO []		osher	Stree	et		
		ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S	MAIDEN NAM	ΛE	DDLE		LAST		
10		William	MIDDLE	Driver	•	Dora	Rat	Mil		mervi			
j.	16a W	VAS DECEASED EVER IN U.S. AR		166 SOCIAL SEC		17 INFORMAN	IT	-	ADDRESS				
	(Y	YES, NO OR UNKNOWN) (IF YES, GIVI	WAR OR DATES)			James	Marke	er 130	6 Mosh	er St	rec	et	
		18 CAUSE OF DEATH (Enter or	ly one couse pe	r line for (a), (b), a	nd (c)		4					SET AND DEATH	
		PART I. DEATH WAS CAUSE	D BY TE CAUSE (0)	mua	carde	al In	hret				20	aus	
		1/10		R AS A CONSEOL	1330-7	0	,		The sale			-	
	10	Conditions, if ony, which	(, h) v	Copa	MALL	athing	Ecles	other	osclero	5/5			
	1	gove rise to immediate couse (a), stating the) (0)				-						
	-	underlying couse last.	DUE 10, C	R AS A CONSEOL		nsion	,						
		PART 2. OTHER SIGNIFICANT (CONDITIONS	ONTRIBUTING TO				INAL DISEASE OR	CONDITION	IVEN IN PA	RT 1(p)		
	NO O	Occition		endari	, +0		stille	heart	baile	ire			
,	AT	19a DATE OF OPERATION		ITION FOR WHIC	H OPERATIO	N WAS PERFOR	MED	20a AUTOPSY		ES, WERE F			
	CERTIFICATION	alw rank al						YES NO		TIFYING CA	USES O	NO [
	CER	210. ACCIDENT WAS UNDERLYING	110110 1	OF INJURY M. MONTH (DAY VEAD	21c. HOW INJ	URY OCCURR	RED (ENTER NATURE	OF INJURY IN ITEM I	B, PART I OR PAI	RT 2]	Wag	
	AL.	OR CONTRIBUTING CAUSE OF DEA	. (11)	.M.	19								
	EDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATIO	N	C170	OR TOWN	COUNT		STATE	
	Ž	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY, OFFICE	, FARM, ETC.]	ZIMEET		Clif	ORTOWN	COON		SIAIE	
		220.1 certify tho (this hospi	tol) attended th	ge deceased from	/ 1	1464	19 79		17	19.79	, th	at M (we) lost	
7		sow the deceased alive on		7 19		nd that in (xy) (our) opinion (deoth occurred on	the date and h	our and from	m the co	ouses stated	
	9	22b. SIGNATURE	view the body	offer deoffi.	.,	DEGREE	727			22ε.	DATE S	IGNED _	
		Joan E.	(2) 6 it.	birtino	m. 7		TENDING HYSICIAN	MEDICAL DIRECTOR DE	STAFF HYSICIAN XI		1/8	7/78	
		22d. PHISICIAN'S NAME (TYPE O	R PRINT)	vu and	7711			NES HOS			1		
		/JOAN E.	White	house	m.D.	900 CA	TON A	VE BALT	IMORE	MD 2	122	9	
	23a. B	BURIAL, CREMATION, REMOVAL	23b. DATE	230	NAME OF C	EMETERY OR C	REMATORY	23d. LOCATIO	N	COUNTY		STATE	
		Burial	1-12	-79 MG	ount 1	Auburn		Bal	timore		cyla	and	
	24. FL	UNERAL DIRECTOR		ADDRESS				E REC'D, BY REGIS	TRAR 256. RE	STRAR'S SI	NAC.	RE	
	Po	well Funeral	Home		Sch	roeder	STAN	1 0 19/9	are .	Aray!		7	

DHMH - 16 50M 7/77 (VR A 15 (4))

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ACTIO ECONITUAS			ASU		buslyray
nadamsvoo ABO beatted		ATTEMP 7	THURSDAY TO		REGULTIA
1300 osher Street		stonia	tica		bestrad
	620	rer L	Priv		moitifi
or 1305 Feather Street	laci Bemi	1,			5
				la year	
	A PROPERTY.				
PROIS NO LATE SON STORY	MOTAD 0				

STATE OF MARYLAND

1	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	7.9-00806			
	ECEASED NAME FIRST SAMPLE OF PRINT)	MIDDLE	1	Subb	1180111	MONTH DAY	YEAR 26	HOUR 10 10 1
3. SE	Female	Taucasian	5. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY) IF UND MONTHS YRS.		UNDER 24 HRS.
	SIRTHPLACE ISTATE OR FOREIGN COUNTRY MARY LAND	76 CITIZEN OF WHAT COUNTRY? USA	WIDOWE			IMORE CIT		M
/	BALTIMORE	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET HO	SPITAL	PROTHER INSTITUTION	170 USUAL OCCUPATION HOUSEW	FE WORKING LIFE IN	AT HO	USINESS OR ME
I	JAL RESIDENCE (IF NURSING HOME OR STATE MARYLAND	OTHER INSTITUTION, GIVE RESIDENCE BEFORE TY BALTIMOR		13d INSIDE CITY LIMITS?	13e STREET ADDRESS 6974 MILI	BROOK PAR	RK DR.	21215
	MEYER	NAROVLAN		15 MOTHER'S MAIDEN NA/ BADONA	WIDDLE	UN	KNOW	N
16a '	WAS DECEASED EVER IN U.S. AR/ (YES NO OR UNKNOWN) (IF YES, GIVE	wed forces? 16b social securation 216-52-		17. INFORMANT MRS. 2306 GERARD		9	APPROXIMAT BETWEEN ONSE	
CERTIFICATION	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO 1	Mai		INAL DISEASE OR CON	206. IF YES, WER	E FINDINGS	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	21b. TIME OF INJURY HOUR A.M. MONTH D.						40 <u> </u>
MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	FARM, ETC.)	211 LOCATION STREET	CITY OR TOV	VN CO	UNTY	STATE
		al) attended the deceased from	1/2	nd that in (my) (our) apinion	todeath occurred an the de	19, 19 ate and haur and		t (I) (we) last ises stoted
	27b. SIGNATURE 200	Stanm	0	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF _	2c DATE SIG	9/79
	22d, PHYSICIAN'S NAME (TYPE OF	STAPR			PITAL - BAL	ro., MD		- (
1	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	JAN.31,1979 A	ITZ CI		23d LOCATION CITY OR TOWN	COUNT	MARY	STATE
	FUNERAL DIRECTOR SOL I	EVINSON & BROS. IN RD., BALTO.,			EB TEGO	Y56. REGISTRAR'S	/SIGNATURE	1

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME DATE KNOWN MONTH YEAR 2b. HOUR TYPE OR PRINTI OF ESTI-PATOUR FILES. Louis DEATH MATED Dud1ev 4 RACE 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d. HOUR LAST BIRTHDAY 11:25A PRONOUNCED Male DEAD Black 28 6 1979 06 TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIEDXX MARRIED FOREIGN COUNTRY) Virginia U. S. A. WIDOWED DIVORCED Baltimore City.

ATION (TYPE OF WORK 12b. KIND OF BUSINESS O CITY OR TOWN OF DEATH DELAY IS TO THE 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) OR INDUSTRY 853 W. Fayette Street 3. RETAIN P. Baltimore City ORDS USUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a. STATE 113b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore West Fayette Street Maryland 853 YES X NO [VITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME 0 FORM PM MIDDLE LAST MIDDLE LAST AND OF VIT FIRST 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS PAGES DIVISION (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Hazel Moore 1643 North Spring Stree No 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PERMIT BETWEEN ONSET AND DEATH ALONG USED AS A BURIAL-TRANSH PERMIT DF HEALTH AND MENTAL HYGIENE, 1, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which EXAMINER gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH DUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) MEDIC, CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF WORD BURIAL YES [NO X BE 3 SHOULD BE DEPARTMENT 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY OF 214, HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR PRIOR-TO MEDICAL CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE WHILE AT WORK 21201 TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BATTWORE, MARYLAND, 21' 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry ond in my opinion deoth resulted from: Homicide Undetermined monner TITLE (SPECIFY) ACTUAL DATE Assistant 1/29/79 SIGNATURE _MEDICAL EXAMINER SIGNED EXAMINER'S NAME Margarita Korell, M.D. 111 Penn St. Balto., MD. 230. BURIAL, CREMATION, REMOVAL 236. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE CITY OF TOWN 2/1/1979 Baltimore Burial Calvary Cem Maryland 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S DIGNATURE **DHMH - 17** (VR A15 ME (5)) C. March F/H 1101 East North Ave 30M 7/73

2		1.	FOR STATE REGISTRAR			DEPARTM	ENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG BICATE OF DEATH	IENE 7	9 - 0 (808	
oy de 3				FIRST MAS		MIDDLE	DO S. DATE O	AST AFFIN	20. DATE OF DEATH	1/13	DAY YEAR 1 / 7 9 IF UNDER 1 YEAR	26 HOUR 405 F
and a second		3. SE.	Male		1	uc.	MONTH		54		MONTHS DAYS	HOURS MIN
leoth Po	372	C	RTHPLACE ISTATE OR FO DUNTRY) Ohio	DREIGN	Th CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY	OR COUNTY	OF DEATH.	
by the fu	31		Baltimore	2	(IF NOT IN SPE	ALTO C	DDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST Inspector	OF WORKING LIF		F BUSINESS O
hin 24 hou ly filled in should be	St. St.	13a. S	AL RESIDENCE (IF NURS	136 COUN	OTHER INSTITUTION,	136. CITY OR TOWN	N	13d. INSIDE CITY LIMITS? YES NO D	130. STREET ADDRESS		AGH R	D
and 2 sl	230	14 FA	THER'S NAME FIRST Willian		WIDOFE	uffin		IS MOTHER'S MAIDEN NAI	WE	U	INKNOWN	1
oe execu	medicol	()	VAS DECEASED EVER ES, NO OR UNKNOWN) Yes		E WAR OR DATES)	217-12-7		Marie_Duff	in Same as	B4 97		
physicic onpopers emovol.	event, the		18 CAUSE OF DEAT PART I. DEATH W	AS CAUSE	nly one couse per D BY TE CAUSE (o)	line for (a), (b, one CALSIO-)		RATORY BY	RR8 67		BETWEEN	MATE INTERVAL DISSET AND DEAT
that the death ce by the attending tose remove carb	other troumotic		Conditions, if ony, gove rise to immediate 101, status underlying cause	nediote g the	(b)	R AS A CONSEQUE CEYLON,4 R AS A CONSEQUE	ny	ANTERY SIS	EASE			
equires to signed Then ple to burro	njury, or	NO	PART 2 OTHER SIGN	NIFICANT (CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COM	IDITION GIV	EN IN PART 16	
on. has beer t permit.	Luo smo	TIFICATION	19g. DATE OF OPERA	ION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20e AUTOPSY?	IN CERTIF	S, WERE FINDING CAUSES	

216. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 21. HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION STREET CITY OR TOWN STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ELC.) COUNTY NOT WHILE 22a. I certify that (4 (this hospital) attended the deceased from and that in (exp)-(our) opinion death occurred on the date and hour and from the causes stated obove, (h (we) did laid not) view the body ofter death 226. SIGNATURE. DEGREE 22c. DATE SIGNED ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS

BP. DHMH - 16 50M 7/77 (VRA 15 (4))

marked or Item 18

MPORTANT: If Item 21 is

Buria1

230. BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR

23b. DATE

231. NAME OF CEMETERY OR CREMATORY Prospect Hill Cem. Jan.17,1979

23d. LOCATION Towson

Balto., Md.

STATE

1050 York Road 250 941E Ruck Towson Funeral Home, Inc. Towson, Md. 21204

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST DECEASED NAME 20 DATE OF DEATH MONTH 2h. HOUR (TYPE OR PRINT) Rhrude 5. DATE OF METH IF UNDER 1 YEAR 3 SEX 6 AGE (IN YEARS LAST BIRTHWAY) IF UNDER 24 HRS MONTH YEAR DAYS HOURS BIRTHPLACE STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED | ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 176 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21221 130 STATE 13h COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? 547 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE EIRST FIRST MIDDLE ennie Lon Sertie ADDRESS medicol 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 165 SOCIAL SECURITY NO 17 INFORMANT Poges (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 10 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o). DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last ā ā PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) DIVISION OF VITAL RECORDS, CERTIFICATION 0 90 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [NO I 71a ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) tror 1 Hy 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Mentol (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 71e PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNT STATE NOT WHILE AT WORK 124 79 1975 DIRECTOR saw the deceased alive an. 19_75 and that in (my) (our) opinion death occurred on the date and haur and from the causes stated obove, (1) (we) (did) (did nat) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL should be deton with the State E IMPORTANT: If DIRECTOR PHYSICIAN PHYSICIAN 220 PHYSICIAN'S NAME (TYPE OR PRINT) 22 e. ADDRESS 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION en Durnie, A. A. J. Marylind (SPECIFY) I em. I ark urun 24. FUNERAL DIRECTOR DHMH - 16 50M 7/77 Funeral Home, 130 E.Fort Ave. Balto. Ml. (VRA 15(4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

4

NAME: Edward K. Dunn, Sr.

DATE OF DEATH: January 1, 1979

PLACE OF DEATH: Baltimore City

SEE: 79-03480

February, 1979 Baltimore City



DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG NO

IF UNDER 1 YEAR

DAYS

HOURS

IF UNDER

2b. HOUR

17h, KIND OF BUSINESS OR INDUSTRY

LAST

Hewes

APPROXIMATE INTERVAL

STATE OF MARYLAND

CERTIFICATE OF DEATH

COUNTY

STATE

COUNTY

STATE

22c. DIATE SIGNED

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 50M 7/77 (VR A 15 (4))

24 FUNERAL DIRECTOR NAME Olin L. Molesworth, Damascus. Md.

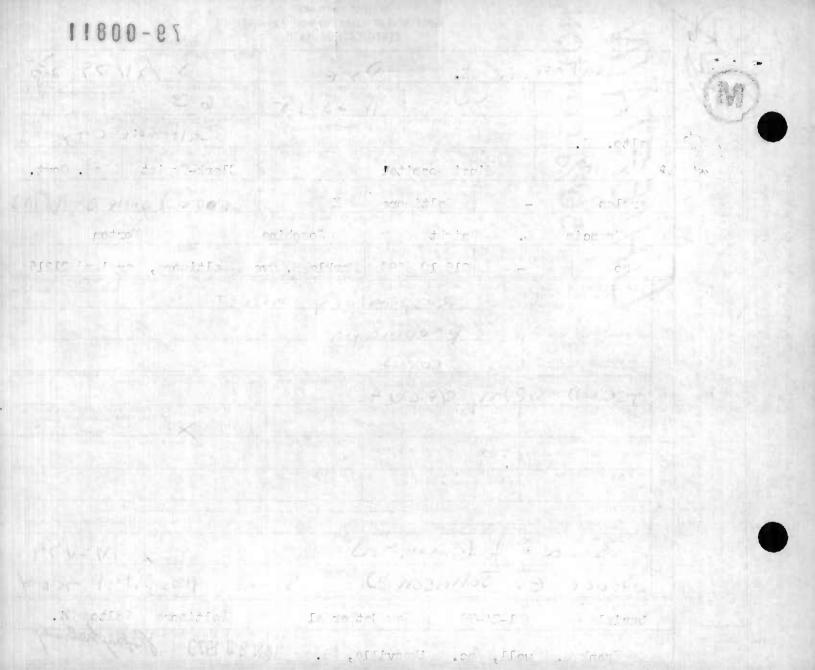
FOR - STATE

REGISTRAR

STATE OF MARYLAND

6	1-	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG	IENE 7	9-0081	11
4		CEASED NAME FIRST OR PRINT) Hat have	4 RACE	MIDDLE K.	S. DATE C		20 DATE OF DEATH	MONTH DAY YEAR HDAY) IF UNDER 1 YE. MONTHS DAN	
of once.	CC	RTHPLACE ISTATE OR FOREIGN DUNITRY) Pa I to Md	USÅ	WHAT COUNTRY?	MARRIE	D NEVER MARRIED D DIVORCED	Call	RCOUNTY OF DEATH	TX MD.
Series Control		TY OR TOWN OF DEATH SG T AL RESIDENCE (IF NURSING HOME OF	(IF NOT IN SU	ch facility, give street,	ADDRESS)	OR OTHER INSTITUTION	(TYPE OF WORK FOR MOST O	E WORKING LIFET INDUSTE	oof Business or RY L. Govt.
e most p	13a S	TATE 136 COUNTRY IN THE STATE 136 COUNTRY IN THE STATE IN	1TA	13c. CITY OR TOW Baltin	/N	13d INSIDE CITY LIMITS? YES NO 1	13e STREET ADDRESS	C glasas	c Apt 103
l examin		Francis		Knight		Josphine	MIDDLE	Norton	LAST
e medico		VAS DECEASED EVER IN U.S. AR les, no or unknown) (IF yes, Give NO	WAR OR DATES)	215 10 8	3598	Merkle H. Dye	73 7 4 4	re, ^M arylan	ad 21215 OXIMATE INTERVAL EN ONSET AND DEATH
ny injury, or other troumoti	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT CAUSE (CONTROL OF CONTROL OF CONTR	DUE TO, O	O, OR AS A CONSEQUENCE OF O, OR AS A CONSEQUENCE OF S CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINATION FOR WHICH OPERATION WAS PERFORMED			NAL DISEASE OR CONI	DITION GIVEN IN PART	
Shows	RTIFIC	21a. ACCIDENT WAS UNDERLYING	1 216. TIME C	DE INTILIDA		121. HOW IN HURY OCCUPA	YES NO	IN CERTIFYING CAUS	№ □
Hem 18		OR CONTRIBUTING CAUSE OF DEA	TH HOUR A	.M. MONTH D.	AY YEAR	21c. HOW INJURY OCCURR	ED (ENIER NATURE OF INJUR	RY IN TEM 18, PART I OR PART 2	,
orkedor	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, I	FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	VN COUNTY	STATE
21 is mo		22a 1 certify that (I) (this haspi sow the deceased alive on above, (I) (we) (did) (did no		19		nd that in (my) (our) opinion d	eoth occurred on the do		e, that (I) (we) last he causes stated
JT: If then		226. SIGNATURE	E. Ja	Quan	,m.	ATTENDING PHYSICIAN	MEDICAL STAT	F . 11-	V79.
IMPORTANT		Bruce G	R PRINT)	ohnso	のなど	220 ADDRESS Sin	oi. (to	sgital	9014
4	23a B	urial, cremation, removal burial	23b. DATE 1-24-			emetery or crematory therdal	23d LOCATION CHYOTOWN BALTIMO	re Balto	1d STATE
7	24 FU	Prank H. N	well.	ADDRESS Inc. Pike	esvill		REC'D. BY REGISTRAR V 2 3 1979	256. REOSTRAR'S SIGN	obredy.

DHMH - 16 50M 7/77 (VR A 15 (4))



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR MIDDLE DECEASED NAME 20. DATE KNOWN X 2b. HOUR (TYPE OR PRINT) EST1-DEATH MATED Vananzo Eaton 23 1979 4 RACE 6. AGE (IN YEARS IF UNDER 1 YR. SEX 5. DATE OF BIRTH IF UNDER 24 HRS DATE 2d. HOUR LAST BIRTHDAY) 11:30F PRONOUNCED 1979 Male Black 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR MARRIED DEVER MARRIED DIVORCED Baltimore City, WIDOWED II. CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR INDUSTRY Baltimore City Provident Hospital 13e. STREET ADDRESS 13a. STATE 13d. INSIDE CITY LIMITS? IIMORE GILL MIDDLE LAST WOOM (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES UES ROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). WEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF REMOVA Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. CREMATION. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES [NO X E 3 SHOULD BE E DEPARTMENT (PRIOR TO BURIA BE 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME. 214 INJURY OCCURRED 211. LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE Inspection X PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: 1 AFTER DEATH, WITH THE S BALLJMORE, MARYLAND, 2: 220. I certify that I took charge of the remains described above, held an Autopsy and in my apinion Inquiry Homicide death resulted fram: Natural causes Accident Undetermined manner TITLE (SPECIFY) 1/24/79 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Virginia L. Dolan, M.D. 111 Penn St. Balto., Md. (TYPE OR PRINT) ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 3d. LOCATION 23b. DATE **DHMH-17** (VR A15 ME (5)) 30M 7/73

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 2a. DATE KNOWN XX MONTH (TYPE OR PRINT) OF ESTI-DEATH MATED Edith 3. SEX 4. RACE 6. AGE (IN YEARS DATE OF BIRTH IF UNDER TYR IF UNDER 24 HRS DATE 2d. HOUR LAST BIRTHDAY) 10:37A YOUR PRONOUNCED Female. 5,1895 83 YRS DEAD White 31 19 79 April FUNERAL S To BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) MARRIED NEVER MARRIED Marvland USA WIDOWED K Baltimore City, DIVORCED FILED, 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS OR INDUSTRY Baltimore City 3817 Kimble Road Bank Teller Retired BE CORDS RETAIN USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 010 13a. STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 21201 Baltimore 3817 Kimble Road - 21218 Maryland YES X NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Myers AND Oliver Martha Schuler 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b SOCIAL SECURITY NO ADDRESS DIVISION (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 213-03-0092 No Mrs. Morris Westerkam-3817 Kimble 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a)_____ DUE TO, OR AS A CONSEQUENCE OF REMOVAL Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF HEALTH AND MEI lying cause last. BURIA DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) MEDIC ED AS A CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF BURIAL, YES NO X DEPARTMENT 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR 0 MEDICAL CONTRIBUTING CAUSE OF DEATH P.M PRIOR 21e. PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED 21f. LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE 21201 X 22a. I certify that I took sharge of the remains described above, held an Autopsy Inspection ARYLAND, death resulted from Natural causes Hamicide Undetermined manner TITLE (SPECIFY) Chief MEDICAL EXAMINER PAGE 4 SHOUTO TO PUNERAL DE AFTER DEATH, ACTUAL Deputy 1/31/79 DATE SIGNATURE 3 ALTIMORE EXAMINER'S NAME Thomas D. Smith, M.D. 111 Penn St. Balto., MD. (TYPE OR PRINT) 236. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY STATE Burial Parkwood Cemetery Baltimore. Maryland 24 FUNERAL DIRECTOR 25g, DATE REC'D, BY REGISTRAR **DHMH-17** FEB6 (VR A15 ME (5)) Sander & Sons, Inc., Balto., Md. 30M 7/73

STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH DECEASED NAME MONTH (TYPE OR PRINT) Dorotch 3 SEX 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH Female LE BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED aris WIDOWED DIVORCED Z 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OF TOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE) USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 136. INSIDE CHY LIMITS? 13c CITY OR TOWN 13e STREET ADDRES 1 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE William Chase Oliver Anna ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 148-05-6033 Thelma Shields 814 Whitmore Avenue 18 CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c). PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating DUE TO, OR AS A CONSEQUENCE OF ath underlying couse lost. a PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) NO CERTIFICAT 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? fruer Pountal + tempora 11-12-78 NO YES ental Hyg 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Hem MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21f LOCATION ö 21e. PLACE OF INJURY CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (this haspital) attended the deceased from 1 sow the deceased alive on above, (*(wg) (did) (data view the body after death and that in () (aur) apinion death accurred on the date and hour and from the causes stated 22b. SIGNAPUE DEGREE Housestall ATTENDING MEDICAL ** be deta DIRECTOR PHYSICIAN PHYSICIAN T MPORTANT: 22e. ADDRESS TO FUNE should be with the 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION Burial Arbutus 12/1979 Maryland Arbutus Mem

ADDRESS.

C. March F/H 1101 East North Ave

2h HOUR

DAY5

INDUSTRY

126 KIND OF BUSINESS OR

LAST

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

STATE

STATE

19 WER

COUNTY

256 AGISTRAR'S SIGNATURE

22c. DATE SIGNED

IF UNDER 24 HRS

DHMH - 16 50M 7/77 (VR A 15 (4))

24 FUNERAL DIRECTOR

NAME

DIVISION OF VITAL RECORDS,

And the court of the same of t

DHMH - 16 50M 7/77 (VR A 15 (4))

	STA	TE	OF M	ARYL	AND	
DEPARTMENT	OF	HE	ALTH	AND	MENTAL	HYGIENE

	1 -	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MI CERTIFICATE OF DE		REG. NO	-00817	
	I. DE (TYPE	CEASED NAME FIRST	MIDDLE U	EDWAR S. DATE OF BIRTH	DS O. A	DATE OF DEATH A		
7	100	OUNTRY) LENUITE, SC. ITY OR TOWN OF DEATH LALT MA	CITIZEN OF WHAT COUNTRY 1. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE SIRE	MARRIED NEVER MA WIDOWED DIVO ING HOME OR OTHER INSTIT ET ADÓRESS)	RRIED	GG SALTHMORE CITY OF SOLT, USUAL OCCUPATION FOR WORK FOR MOST OF		MD. OF BUSINESS OR
5	2	AL RESIDENCE (IF NURSING HOME OR O) STATE 138 COUNT 138 COUNT NTHER'S NAME FRATE FRATE ME	THE INSTITUTION, GIVE RESIDENCE BERGY 136. CPD OR TO	13d INSIDE CIT	AAIDEN NAME	STREET ADDRESS	Molon	ve st
/		VAS DECEASED EVER IN U.S. ARMI (ES, NO OR UNKNOWN) (IF YES, GIVE W		4150 mr./	rman	EdWA	-05	XIMATE INTERVAL ONSET AND DEATH
	TION	PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate couse Io1, stating the underlying cause lost PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQ (b) DUE TO, OR AS A CONSEQ (c) NOTIONS CONTRIBUTING TO	UENCE OF			That I was	
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFOR!		PO AUTOPSY?	20b. IF YES, WERE FINDS IN CERTIFYING CAUSES YES	
9	MEDICAL CER	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (I) (this hospital saw the decease glive on oboye (II) we (Idid) (Idid nat). 27b. SIGNATURE	P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	DAY YEAR 19 211 LOCATION STREET Ond that in (my) (a	19 7 8 ur) opinian deatl	CITY OR TOWN	te and haur and from the	that (1) (we) lost e couses stated
1		22d PHYSICIAN'S NAME (TYPE OR PI	GAROUIS	22e. ADDRESS	Sin	JAi /	tosP,	
		BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL, CREMATION, REMOVAL	23b. DAJE 23c	name of CEMETERY OR CR	EMATORY 2	23d LOCATION ATTYOR TOWN	commy	STATE
	24. FU	INERAL DIRECTOR	ADDRESS	2 W no me You	250. DATE REC	3 1079	Sharis San A	URE

IMPORTANT: If hem 21 is

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR			CERTIF	ICATE OF DEATH		REG. NO.	JUO		
		CEASED NAME FIRST		WIDOLE	i.	AŠT	2a. DATE OF D	EATH MONTH	DAY	YEAR	26 HOUR
1		Lero	7	P.	Elle	en, Jr.		T	18	79	М
M	3. SEX	Male	4 RACE Black		5 DATE C		6 AGE (IN YEAR	28	MONTHS	DAYS	IF UNDER 24 HRS HOURS MIN
		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED X	9 BALTIMORE	CITY OR COU	NTY OF D	EATH	1919
3		Md.	USA	1	WIDOWE		Bal	timore	Cit	У	MD
10	В	Balto.	2543	E. Bid	dle S	or other institution	12a USUAL OC (TYPE OF WORK FO	CUPATION OR MOST OF WORKI		KIND O DUSTRY	F BUSINESS OR
5		AL RESIDENCE (IF NURSING HON TATE 136 C	E OR OTHER INSTITUTION DUNTY	Balto.	ADMISSION) N	13d. INSIDE CITY LIMITS? YES MO	13. 2543	E. Bi	.ddle	St	•
20		THER'S NAME FIRST Leroy	P.	Ellen,	Sr.	Fannie		M ^B DIE	Jo	hns	on
1		VAS DECEASED EVER IN U.S ES, NO OR UNKNOWN) (IF YES NO	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECU	RITY NO.	Leroy P. E	llen,	Sr., 1	.758	Mon	teplie:
				R AS A CONSEQUE	NCE OF	10-26-1	Pi	-	/	12.	
	NO	Conditions, if ony, which gove rise to immediate couse 101, stofting the underlying couse lost PART 2. OTHER SIGNIFICA	(b)	PR AS A CONSEQUE	NCE OF	Ce rebrel	Pad.	0	I GIVEN IN	PART 110	ini Cu
9	TIFICATION	gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, O	OR AS A CONSEQUE	NCE OF		INAL DISEASE C	OR CONDITION	F YES, WER	EFINDIN	
	CERTIFIC	gove rise to immediate couse (a), stofting the underlying couse lost PART 2. OTHER SIGNIFICA	DUE TO, O IC) TO CONDITIONS C 196 COND 216. TIME C HOUR A	ONTRIBUTING TO D	NCE OF DEATH BUT	NOT RELATED TO THE TERM	200 AUTOPS	DR CONDITION SY? 206. II IN CE	F YES, WER ERTIFYING YES []	E FINDIN CAUSES	NGS USED OF DEATH?
	S	gove rise to immediate couse 103, stoffing the underlying couse lost PART 2. OTHER SIGNIFICA 119a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	DUE TO. O IC) NT CONDITIONS C 196 COND 196 COND 196 HOUR A HOUR A NER) P	ONTRIBUTING TO DESIGNATION FOR WHICH	DEATH BUT OPERATION AY YEAR 19	NOT RELATED TO THE TERM N WAS PERFORMED	200 AUTOPS YES RED_(ENTER NATUR	DR CONDITION SY? 206. II IN CE	F YES, WER ERTIFYING YES M 18. PART 1 OF	E FINDIN CAUSES	NGS USED OF DEATH?
		gove rise to immediate couse 103, stofting the underlying couse lost PART 2. OTHER SIGNIFICA 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CHIPTER, NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED NOT WHILE IN NOT WHI	DUE TO, O IC) TO CONDITIONS C 19b COND 19b COND 19b COND 19b COND 21b TIME C HOUR A NER) P 21c PLACE (AT HOME, ST	ONTRIBUTING TO DESIGNATION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F.	NCE OF DEATH BUT OPERATION AY YEAR 19 ARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCURS 21f. LOCATION	200 AUTOPS YES NEED (ENTER NATUR	OR CONDITION SY? 206. II IN CE IN CE IN CE ITY OR TOWN	FYES, WERE ERTIFYING YES A 18. PART I OF	E FINDIN CAUSES	NGS USED OF DEATH? NO STATE
	MEDICAL	gove rise to immediate couse 101, stofting the underlying couse lost PART 2. OTHER SIGNIFICA 119a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CHE EITHER, NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE ATWORK NOT WHILE ATWORK NOT WHILE SOW the deceosed oliving which was not well as the country of the cou	DUE TO, O IC) IT CONDITIONS C IPB COND IPB	ONTRIBUTING TO DESIGNATION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F.	NCE OF DEATH BUT OPERATION Y YEAR 19 ARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCURR 21f. LOCATION STREET 19 20d that in (my) (our) opinion of	200 AUTOPS YES NEED (ENTER NATUR	OR CONDITION SY? 206. II IN CE IN CE IN CE OF INJURY IN ITEA TO OR TOWN STAFF	FYES, WERETIFYING YES CO	E FINDIN CAUSES	NGS USED OF DEATH? NO STATE that (I) (we) lost couses stated

DHMH - 16 50M 1/76 (VR A 15 (4))

Wm C March F/H

1101 E. North Ave.

256. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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	20		CEASED NAM	E FIRST		MIDDLE		T.	AST		2	a. DATE	(NOWN	MONTH	DAY	YEAR 2b. F	HÖU
	w w	(TYI	E OR PRINT)	Curti	c l	HOMER		F11.	iott,	ar.		OF	MATED	_	24 10		
	AS ILES IUR IUR IEET	3. SE	,	4. RACE	5. DATE OF BIRTH		ACE UNION						MAIED	HINOM		79	1
	STS					YEAR	AGE (IN YEAR LAST BIRTHDA	(Y) MONTHS	DAYS	IF UNDER	24 HRS. 2	C. DATE	CED	MONIH	DAY	YEAR 2d. I	:51
1	PLEASE LURECTOR. COUR FILES. J 72 HOURS ON STREET,	Ma	ale	White	Oct. 25,	1924	54 YR	S.				DEAD	010	1	24 19	79 -	P
	27 6	7d. B	RTHPLACE (S	STATE OR	76 CITIZEN OF WI	HAT COUNTR	Y?	8.	o [X] NE	VER MARRI	9	BALTIM	ORE CITY C	R COUNT	Y OF DE	ATH	
	PRES 27	M	REIGN COUNTRY)		USA			WIDOWE	-	DIVORC		n	- 	- 0			
	PAGE SON		TY OR TOWN	4	11 NAME OF HOS	SPITAL NILIPS	ING HOME					D.	altimo	ore C	1EY,	OF BUSINE	MI
	SHE SE	V			(IF NOT IN SUCH FA	CILITY, GIVE STRE	ET ADDRESS)		KIIISIIIU	ION	FOR MC	ST OF WORK	ING LIFE)		OR IN	NDUSTRY	
	1 5 8 8 5 T		Baltimo		Unive	rsity I	lospit	al			Che	mica.	l Eng:	ineer	W.R.	Grace	C
-			AL RESIDENCE TATE	(IF IN NURSING HOME OF		13c. CITY O			3d. INSIDE CI	TWILIMITES	13e STREE	T 40005		Ba	lto.	.Md.	
20	IF ANY DE AND 3 S. RETAIN SHOULD IL RECORD		Marylan			Balt	timore		YES X	NO [67	7 01	ymouth			,,,_,	
. 21			ATHER'S NAME			_ Dui	OTHIOTC			R'S MAIDE		11 11	y mod or	1 Moa	u		
A	PM 3. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.		FIRST		MIDDLE	LAS	ST .		F	RST			DDLE		LAS		
m,	PAGES I ORM PW ORM PW N OF WH		Curtis		mer		ott, S			llian			Κ.		Kraud	ch	
WO	S S S S	16a. V	VAS DECEASE ES, NO, OR UNKNO	D EVER IN U.S. ARM	VAR OR DATES)		L SECURITY		7. INFORA				ADDRESS				
E	B. GIVE PA WITH FOR WITH FOR DIVISION	no)			220-	18-853	35	June	N. E	lliot	t, 6	37 Ply	ymout	h Rd.	212	29
BA	WIT PA		18. CAUSE O	F DEATH (Enter only	one couse per line	far (a) (b) a	nd (c)								APPR	OXIMATE INTER	VAL
PRESTON ST.,	MA TAN		PART I DE	EATH WAS CAUSED	BY:	Arteri		rotic	Can	diorra		- D.			BETWEE	N ONSET AND	DEATH
Z	24 ITEA ION PER SEN		1100	IMMEDIATE					Car	uluva	Scula	r DIS	ease				
STO	A F F F F		101	ns, if any, which	DUE TO, OR	AS A CONSE	GUENCE)F							1		
28	S A A N E E			se to immediate	(b)				70								
3	ENC TRA TRA REM R) stating the <u>under-</u>	DUE TO, OR	AS A CONSE	QUENCE O)F					V/D			150.00	
5	OR STAL D		lying cau	use last.	(0)										-		
DIVISION OF VITAL RECORDS, 301 W.	NAN BUILD		PART 2 OTNER SI	GNIFICANT CONDITIONS C	ONTRIBITING TO DEATH	RHT NOT RELATED	TO THE TERMS	NAI DICEACE I	AR CONDITION	CINEN IN BA	DT 1 ()			-			
ON C	ATIC ATIC	z			OWNERS TO BEATH	DOT HOT KEENIEL	TO THE TERMS	MAL DISEASE I	ים וווטאט) אנ	I GIVEN IN PAS	KI ((0),						
E	ULD BE EXEC "PENDING" "FENDING" EF MEDICAL SED AS A BU HEALTH ANI CREMATION	MEDICAL CERTIFICATION															
~	0 = 0 ,,	5	190. DATE OF	OPERATION	196. CONDI	TION FOR WI	HICH OPERA	ATION WA	S PERFOR	MED?					20. AUT	OPSY?	
	SHO SHO SHOW	H													YES	NO NO	
F	ATE SHC WORD THE CH ID BE U KENT OF BURIAL	1 8		AL CAUSE WAS	21b. TIME OF			21c HO	W INJURY	OCCURRE	D LENTER NA	TURE OF INJU	JRY IN ITEM 18 I	PART 1 OR PAR			
N	HE SELL THE	¥	UNDERLYING	OR NG CAUSE OF D	HOUR A.M	. MONTH D											
Sio	FO IN A SE	2	214 INTLIDY C	CCLIPPED	EATH P.M	OF INJURY	19	21f. LOC	ATION								
Σ	PRE SE	X X	WHILE	NOT WHILE		ORY, FARM, ETC.)			REET			CITY OR TOW	/N	cou	UNTY	s	TATE
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	ST. ST.			fy that I taak charge	of the remains des	cribed above	hold	Autopsy	X,	Inspection		Inquiry					
	A SES		100						-			, ,		d in my op	inion		
	TIFE BE BE THE THE THE THE THE THE THE THE THE TH		death result	ed from: Naturo	ol couses X,	Accident _	⊥, Suid	cide 🔲,	Hamic	ide 🔲	Undeter	mined ma	nner,				
	L EXAMINE E CERTIFICA DULD BE FC L DIRECTOR H, WITH THE MARYLAND,		ACTUAL	11.	14	,	0		TITLE (SI						- 1		
	A H P H H H		SIGNATURE.	Mosen	in the	cans!	/	M.E	ASS:	istan	MEDIC	ALEXAM	INER	DATE	D 1/	25/79	
	ORE ORE			, O	oduća T	D - 1 -	16 7										
	SE COLT		EXAMINER'S (TYPE OR PRI	NAME VIT	ginia L.	Dolan,	M.D.	Δ.	DDRESS_			111	Penn	Stre	eet		
	TO MEDICAL EXAMIN EXECUTE THE CERTIFIC EXECUTE THE CENTIFIC TO FUNERAL DIRECTO AFTER DEATH, WITH TI BALTIMORE, MARYLAN	23 a. B.		TION REMOVAL 23	b DATE	122, NIA	ME OF CEM			DV	23d. LOC	ATION					
		13	PECIFY)								CITY OF	NWOT		COUN		STATE	
	BP	24 5	Buri	al	1/27/79		oudon	Park	Ceme		Bal	timo:	re.	# NO. 10 C	Me	rylan	d
	DHMH - 17 (VR A15 ME (5))	24 1	NAME DIKEC	TOR 1630 Ed	mondsones	Ave., E	Baltin	nore,	Md.	250. DATE	N 2 4	107	25b. REG	STRAR'S S	IGNATUR	2	
	30M 7/73	Wi	tzke Ca	tonsville	Funeral	Home,	P.A.	21:	228			107.		1	11.00	record	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEA REGISTRAR 1. DECEASED NAME FIRST 20. DATE KNOWN MONTH DAY YEAR 26 HOUR (TYPE OR PRINT) ESTI-JAMES ROBERT FLLIS DEATH MATED 79 19 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE MONTH YEAR LAST BIRTHDAY) PRONOUNCED DEAD 19 79 male negro YRS MC 76. CITIZEN OF WHAT COUNTRY? IN BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED SALTIMORE WIDOWED DIVORCED Baltimore City DELAY IS N TO THE FI N PAGE 5 BENELLED, IN CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS OR INDUSTRY Sinai Hospital Baltimore Steel Worke USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) GINO 13a. STATE 13g. CITY OR TOWN 13b. COUNTY 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS YES YOU NO 4507 AL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME C MIDDLE MIDDLE LAST LAST EIRST FIRS1 AND EILIS Julia FORM 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT 16b. SOCIAL SECURITY NO **ADDRESS** DIVISION (YES, NO, OR UNKNOWN) HE YES GIVE WAR OR DATES CAUSE OF DEATH (Enter only one couse per line far (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions of any, which EXAMINER gave rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. OR CREMATION, O MEDICAL DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) AS A I CERTIFICATION USED OF HEA 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2B AUTOPSY? BURIAL YES X 3 SHOULD BE DEPARTMENT C NO [210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING 0 MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. PRIOR 21e. PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE AT WORK AT WORK STATE (FUNERAL DIRECTOR: TER DEATH, WITH THE S LITMORE, MARYLAND, 2 22a. I certify that I took charge of the remains described above, held an Inspection Inquiry and in my opinion death resulted from: Homicide Accident Undetermined monner TITLE (SPECIFY) ACTUAL Assistant SIGNATURE MEDICAL EXAMINER ADDRESS Penn St. EXAMINER'S NAME Dixon, M.D. Ann M. (TYPE OR PRINT) 0 23d. LOCATION 23a BURIAL CREMATION REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 24 FUNERAL DIRECTOR 250, DATE REC'D. BY REGISTRAR 250, REGISTRAR'S SIGNATUR **DHMH - 17** (VR A15 ME (51) 1206-1208W.1 30M 7/73

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should be detached for use as the burial-transit permit. Then please remove corbanpapers. Pages 1 and 2 should be with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

injury, or ather traumotic event, the

IMPORTANT: If them 21 is marked or them 18 shows any

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician

etoined by the hospital or attending physician.

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STATE OF MARYLAND

FOR STATE REGISTRAR	DEPAR	RETMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		0822
I. DECEASED NAME FIR	ST MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	AROLD Brown	ELLISON	1 1	9 79 5:20 PM
3. SEX	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Male	White	Sept. 20, 1933	45 YRS	MONTHS DAYS HOURS MIN
70 BIRTHPLACE (STATE OR FOREIG	76 CITIZEN OF WHAT COUNTR	Y? B MARRIED X NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
West Virginia	U.S.A.	WIDOWED DIVORCED		TY MD.
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	12b. KIND OF BUSINESS OR
BALTIMORE	Mercy Hospit		Inspector	B.G. & E.
USUAL RESIDENCE (IF NURSING H	OME OR OTHER INSTITUTION GIVE RESIDENCE BEF	ORE ADMISSION)	13e STREET ADDRESS	
200		rstown YES NOT	44 Main Brook	Ct.
14 FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N	IAME	
Frank	Brown Elli	1 110	MIDDLE	Clark
160. WAS DECEASED EVER IN U	S. ARMED FORCES? 166 SOCIAL SE	CURITY NO. 17 INFORMANT	ADDRESS	7.44.1
Yes, NO OR UNKNOWN) (IF Y	rean Conflict	Virginia	L. Walters 3037	Fourth Ave.
PART 2. OTHER SIGNIFIC	DUE TO, OR AS A CONSECUTION OF AS A CONSECUTIO	DIENCE OF	200 AUTOPSY? 200. IF YE. IN CERTIF	EN IN PART 1(0)
		DAY YEAR 21c HOW INJURY OCCU	IRRED (ENTER NATURE OF INJURY IN ITEM 18, I	PART 1 OR PART 2)
(IF EITHER, NOTIFY MEDICAL EX. 21d. INJURY OCCURRED	MINER) P.M. 21e PLACE OF INJURY	19 211 LOCATION		
WHILE NOT WHILE AT WORK	LAT MOME STREET EACTORY OFFICE		CITY OR TOWN	COUNTY STATE
sow the deceosed of above, (I) (we) (did) (22b. SIGNATURE)	aid not) view the body after death,	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	n death occurred on the date and houndled in MEDICAL STAFF PHYSICIAN HOS PITAL (S-CA	19 January 197
230 BURIAL, CREMATION, REM		NAME OF CEMETERY OR CREMATORY		COUNTY STATE
(SPECIFY) Burial	Jan. 23, 1979	Parkwood	Baltimore	Maryland
24 FUNERAL DIRECTOR		25a DA	ATE REC'D. BY REGISTRAR 256. REGIST	
Leonard J. Ruc	k, Inc. Baltimore,	Maryland	1001 00 1979	10/

BP. DHMH - 16 50M 1/76 (VR A 15 (4))

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Ritchie Hwy.

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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FOR

- STATE

(VR A 15 (4))

George J. Gonce

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(VRA 15, 4) 7/78

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Maria Maria Antonio An

No. 2 - 1

STATE OF MARYLAND 79-00825 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20 DATE OF DEATH MONTH 26. HOUR TYPE OR PRINT 3 SEX DATE OF BIRTH AGE LIN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH DAY YEAR DAYS HOURS BALTIMORE CITY OR COUNTY OF DEATH M BIRTHPLACE ISTATE OR FOREIGN CITIZEN OF WHAT COUNTRY MARRIED NEVERMARRIED COUNTRY WIDOWED A DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY FAYETTE DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 MSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 34 MALVERN 10 NO 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT IYES, NO OR UNKNOWN) I IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 8 CAUSE OF DEATH (Enter only one couse per line for 101, 1b), and PART I. DE ATH WAS CAUSED BY phy 30 me IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) CERTIFICATION 0 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED ō IN CERTIFYING CAUSES OF DEATH? NO YES [NO [21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED | JENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2} 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 711 LOCATION 71d IN JURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a I certify that (1) (this haspital) attended the deceased from hospital sow the deceased alive a , and that in (my) (our) opinion death accurred on the date and hour and fram the causes stated obove, (I) (we) (did (idid not) view the body ofter death 226. SIGNATURE DEGREE 22¢ DATE SIGNED ATTENDING MEDICAL STAFF be deto e Stote l PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS the the 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION CITY OR TOWN COUNTY 24 FUNERAL DIRECTOR 250. DATE REC BY REGISTRAR 256. D DHMH - 16 50M 7/77 (VR A 15 (4))

and the first

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

IMPORTANT: If them 21 is marked or Item 18 shows ony injury, or other troumatic event, the medical Examiner must ba partified of price

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIEIC ATE OF DEATH

	1 -	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYGI ICATE OF DEATH	T REG. N	9-0	0827	
		CEASED NAME FIRST OR PRINT) NEWTO		H.	EN	U05	2a DATE OF DEATH	MONTH D	79	26 HOUR 1/245AM
ā	3. SEX	Male		casion	5. DATE C		6. AGE (IN YEARS LAST BIR	YRS.	FUNDER I YEAR	HOURS MIN
35	CC	Balto. Md.	U.S .A		WIDOWE		9. BALTIMORE CITY C	noRE	- C1	//X MD.
12	B	ACTIMORE	SINA!	H FACILITY, GIVE STREET A	DDRESS)	OR OTHER INSTITUTION	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST O Main tenano	OF WORKING LIFE	E) INDUSTRY	BUSINESS OR
35	13o. S	Md. Balto	TY	13c. CITY OR TOWN	ADMISSION)	13d INSIDE CITY LIMITS? YES NO A	13e STREET ADDRESS 4807 Westle	and Bly	/d.	
3		Newton	IDDLE H.	Enos		Alice	W.		schazo	
2		/AS DECEASED EVER IN U.S. ARA ES, NO OR UNKNOWN) NO	WAR OR DATES)	213 01 95		Mr. Donald N.	ndian Sprin Bennett	g°Ct.	Sparks, 21152	
	TION	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT C	DUE TO, O (c) ONDITIONS CO	NIOUS	NCE OF	YOCAROIR =	INAL DISEASE OR CON INFARCTI	700		
9	CERTIFICATION	190. DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20g. AUTOPSY? YES NO	IN CERTIF	, WERE FINDIN YING CAUSES (S	
9	MEDICAL CE	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P. 21e. PLACE	M. MONTH DA M. OFINJURY	19	216. HOW INJURY OCCURR				
	ME	WHILE NOT WHILE AT WORK		REET, FACTORY, OFFICE, FA	RM, ETC.)	STREET	CITY OR TO	₩N	COUNTY	hat W (we) last
		22a.1 certify that (I) (No. sow the deceased alive an above, (I) (we) (did) (did not 22b. SIGNATURE	6 JON	19 7		DEGREE ATTENDING PHYSICIAN		\FF	r and from the c	
1		ARTHUR M.	PRINT)	V MO		2010.0		BAUTE	roo z	1215
		Burial, Cremation, Removal Burial	23b. DATE Jan.			Park Cem.	23d LOCATION CITY OR TOWN Balto.		соинту	STATE
	24. FU G	INERAL DIRECTOR NAME Truman Schw	ab 5151	Balto Na	tions	1 Pike	EREGID BY REGISTRAF	ZSb. REGIST	RARSSIGNATI	URE

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-00828

	1 -	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	- U	002	. 0	
		CEASED NAME	FIRST	-	MIDDLE	ī	AST	20. DATE OF DEATH	MONTH	DAY	YEAR	2b. HOUR
8	(TYPE	OR PRINT)	HELE	N	ß.B.	E	ROMAN		01	19	79	7:30 PM
П	3. SEX			4 RACE	EURI AVE		DE BIRTH 1893	6 AGE (IN YEARS LAST BIR	THDAY)	MONTHS	DER) YEAR	IF UNDER 24 HRS HOURS MIN
	F	emale		Caus	• 1	March	24, XX XX XX88	85	YRS		DATS	HOURS MIN
0		RTHPLACE (STATE OR FO	DREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIEI	D NEVER MARRIED	9 BALTIMORE CITY	OR COUN	ITY OF D	EATH	
		New Jersey	Y	U.S.	A.	WIDOWE	The second secon	BA TIMORE	CITY		644	MD.
1	10. CT	TY OR TOWN OF DEA	TH		HOSPITAL, NURSING FACILITY, GIVE STREET		OR OTHER INSTITUTION	126 USUAL OCCUPAT			L KIND C	OF BUSINESS OR
7		TIMORE		PHE UNIT	ON MEMORI	AL H	SPITAL	Homema				n Home
5	13a. S	AL RESIDENCE (IF NURS STATE Maryland	136 COUN Cit	VIY	13 CITY OR TOW Baltimo		134 INSIDE CITY LIMITS?	13e. STREET ADDRESS 4315 Mar	ble	Hall	Roa	d
	14. FA	THER'S NAME		MIDDLE	LAST	33	15. MOTHER'S MAIDEN NAM	ME	mit		LAS	st.
6	V	Villiam		D.	Brown		Frances	mouse			Roge	
		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDR	ESS	131	38.	
		NO	(212-10-6	959	Pickersgil:	1 Home, 615	Che	stnu		
5		18 CAUSE OF DEATH PART 1. DEATH W	H (Enter or	nly one couse per	line for (a), (b), an	d (c					APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
B		PART I. DEATH W		D BY TE CAUSE (©)	PUL MOI	VARY	EDEMA					
		4299		DUE TO O	R AS A CONSEQUE	FNCE OF						
		Conditions, if ony,	which	(b)_	CITE							SHALVI
		gove rise to imm		DUETO	R AS A CONSEQUE	FNCE OF						
ā		underlying couse	lost	(c)_	ASCU	12.						
		PART 2. OTHER SIGN	NIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COM	DITION (GIVEN IN	PART 1	0)
	CERTIFICATION	ANEMIA	7	: 00 B.	S.) h	+BP						
2	CAI	190 DATE OF OPERAT	TION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?				NGS USED OF DEATH?
	RTIF							YES NO		YES 🗌		NO 🗆
1		216. ACCIDENT WAS UND			FINJURY M. MONTH D.	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJ	JRY IN ITEM I	18, PART 1 O	R PART 2)	
	CAL	(IF EITHER, NOTIFY MEDICA	AL EXAMINER	AIR	M.	19						
	MEDICAL	214 INJURY OCCURE		21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F	FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	WN	cc	YTAUC	STATE
	~	AT WORK AT WO	HILE								1	
	3	22a.1 certify that				01-0	9 19 1	, to 0/-	19	_, 19	79.	that 🍎 (we) lost
		sow the decease	ed alive or	view the body	ofter death.	7,01	nd that in (our) opinion (death accurred on the	late and I			
		226. SIGNATURE				,	DEGREE ATTENDING _	_ MEDICAL STA	AFF		22c. DATE	SIGNED
		Henr	us,	f. Ch	dnick	i i	M. // PHYSICIAN	DIRECTOR PHYS			1-19	9-79.
/		226 PHYSICIAN'S NA	AME (TYPE	OR PRINT)			22e. ADDRESS		Van 1			
		Chodn	icki		To the State	11/2/4						
	230. 8	BURIAL, CREMATION,	REMOVAL				EMETERY OR CREMATORY	23d. LOCATION	2.7	n coun	TY 4T	STAVE T
	1	Burial		1-22-	79 N	it. Ho	olly Cemetery					on, st N. J
	24. FU	UNERAL DIRECTOR			ADDRESS			E REC'D. BY REGISTRAL	25b. R5	ISTRAR'S	SIGNA	TURE
	Ru	ck Towson	Funer	cal Home	, Inc. To	owson,	Ma. 21204JAN	V 2 3 19/9	Jus	Jary.	mel	ready

DHMH - 16 50M 7/77 (VR A 15 (4))

STATE OF MARYLAND

STATE OF MARYLAND

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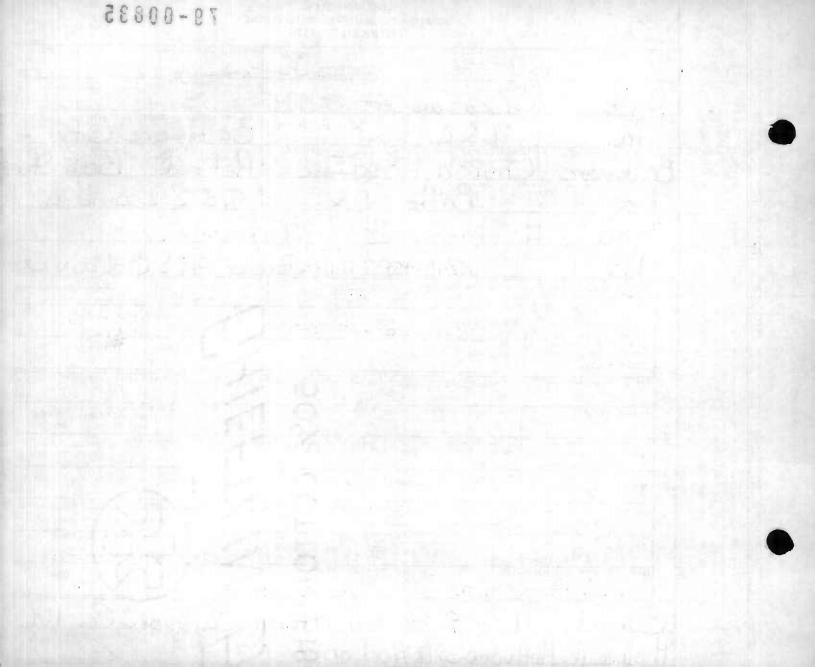
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STATE OF MARYLAND 79-00833 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO I DECEASED NAME 2a DATE OF DEATH YEAR 26 HOUR (TYPE OR PRINT) HELEH 4. RACE 6 AGE (IN YEARS LAST BIRTHDAY) 5 DATE OF BIRTH 3 SEX IF UNDER 24 HRS MONTHS DAYS To. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED WIDOWED DIVORCED T 10 CITY, OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPAT 12b. KIND OF BUSINESS OR OF WORKING LIFE! INDUSTRY 10HE DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION filled ould b 13a STATE 13b COUNTY 13d INSIDE CITY LIMITS? X120 JA FERM HUR YES X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST HER ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NOOR UNKNOWN) (IF YES, GIVE WAR OR DATES) ECURUS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one couse per line for you, (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0 Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUEN underlying p couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ã CERTIFICATION 0 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? Pri IN CERTIFYING CAUSES OF DEATH? be NO YES [NO [Mentol Hygier 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Item MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 19 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY ö (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 220 1 certify that (I) (this hospital) attended the deceased from 75, and that in (my) (and) opinion death occurred on the date and hour and from the causes stated sow the deceased olive on. hospi 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 22d. PHYSICIAN'S NAME LIYPE OR PRINT! Should be with the IMPORTA 400 230. BURIAL CREMATION, REMOVAL 23b. DATE 23c. MAME OF CEMETERY OF CREMATORY 24 FLINERAL DIRECT 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 1/75 (VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF D REGISTRAR 20. DATE KNOWN DECEASED NAME FIRST 7h HOUR (TYPE OR PRINT) ESTI-DEATH MATED Falvar 23 1979 Mary 3 SEX 4 RACE 6. AGE (IN YEARS IF LINDER 1 YR S DATE OF BIRTH IF UNDER 24 HRS. DATE 2d HOUR PRONOUNCED 1:10P White Female DEAD 23 1979 JOS BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED GREIGN COUNTRY Baltimore City, WIDOWED & DIVORCED ID. CITY OR JOWN OF DEATH OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY Baltimore City University Hospital STrocc OME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 30 STATE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS YES [NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST erati 160. WAS DECEASED EVER IN U.S. ARMED FORCES OR LINKNOWN) I (IF YES GIVE WAR OR DATES) CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost CREMATION DIVISION OF VITAL RECORDS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (D.) CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF BURLAL YES NO X E 3 SHOULD BE E DEPARTMENT (PRIOR TO BURIA **BE** 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 21f. LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE Inspection X 22a. I certify that I took charge of the remains described above, heldron Autopsy and in my opinion Inquiry Natoral couses X death resulted from: Suicide L Homicide Undetermined monner TITLE (SPECIFY) ACTUAL Deputy Chief MEDICAL EXAMINER 1/24/79 TO FUNERAL DAFTER DEATH, BALTIMORE, MA SIGNATURE Thomas D. Smith, M.D. 111 Penn St. Balto., MD. EXAMINER'S NAME (TYPE OR PRINT) ADDRESS 23d. LOCATION 23a BURIAL, CREMATION, REMOVAL 23b. DATE NAME OF COMETERY OR CREMATORY 24 FUNERAL DIRECTOR REC'D. BY REGISTRAR **DHMH - 17** ritar Malrede (VR A15 ME (5)) 30M 7/73

X		1-	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	79-0 REG. NO.	00835
		1 DE	CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MO	ONTH DAY YEAR 26 HOUR
	÷ 3		Jol	nn H.	FARRIER &		1070
	tor. page 3 ofter death	3. SEX		BACE	S. DATE OF BIRTH SPAN JOY SPAN SPAN JOY SPAN SPAN JOY SPA	January 2 6 AGE (IN YEARS AST BIRTHE	AY) IF UNDER I YEAR IF UNDER 24 HKS MONTHS DAYS HOURS MIN.
•	death. Page funeral direct thin 72 hours	Jet BI	RTHPLAGE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORECITY OR	
	by the fun filed within	11	TY OR TOWN OF DEATH		G HOME OR OTHER INSTITUTION	120 OSUAL OCCUPATION	VORKING LIFE) RIDUSTRY STEEL STEEL
MARYLAND 2120	24 hour	USU. 13a S	AL RESIDENCE (# NURSING HOME ON OTH	HER INSTITUTION, GIVE RESIDENCE REFOR	YES X NO	130. SHREET ADDRESS	Bouldin St
MARYLA	ompletely in and 2 she examiner	1	THER'S NAME	. Farrie		URNOUSE	LAST
BALTIMORE,	on and co	16a V	VAS DECEASED EVER IN U.S. ARME ES, 10 OR UNKNOWN) (IF YES, GIVE WA	ar or dates) 166 SOCIAL SECU	4555 alviralar	rier 915	S. Bouldin St.
ST.,	th certificate and and a corbon poper. carbon poper. or removal.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED E	D1:	ENGE OF		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON	, that the death ce id by the attending lease remove carb ial, cremation, ar i or ather traumatic		Conditions, if ony, which gave rise to immediate cause (a), stating the	(b) Dissec	ting Aneurysm		
301 W.	ed by the please repried, or athe		underlying couse lost.	(c)	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OF CONDI	TION GIVEN IN PART I(a)
DS, 3	requires an signer. Then pl	Z	PART 2. OTHER SIGNIFICANT CO	NUTIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TEN	WHAL DISEASE OR COMO	TON ONE CHICAGO
L RECOR	w r	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
DIVISION OF VITAL RECORDS,	N: Thysicion by sicion contents of the content		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH D		RRED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART 2)
MISION	tending the property of the property the property the property the property that the property the property that the property the property that the property	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21 e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	
۵	TTEN pital TOR: for us of He		22a.1 certify that (I) (this hospital saw the deceased alive an abave _a (I) (we) (did) (did not)	Jan 2. 19	, , ,	8 , to Jan 2 n death occurred on the dat	e and hour and from the couses stated
	DR A hos ched ched bept.		226. SIGNATURE	munge	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	
	TO HOSPITAL Cretoined by the TO FUNERAL Eshould be detoined the With the State MPPORTANT: If		B. Kuppuswai		100 N. Bro	oadway	
261	BP	230			NAME OF CEMETERY OR CREMATORY	h 236 ADCATION	LOVE CO. LITATE
	DHMH - 16 25M (VR A 15 (4)) 9/74	7	UNERAL DIRECTOR	ADDRESS ADDRESS &	Audson St. 250. DA	ATE REC'D. BY REGISTRAR 2	SE REGISTRAR'S SIGNATURE



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 26 HOUR (TYPE OR PRINT) -DUNTLERO MOR 13 1.05 3 SEX 4 RACE AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYFAL 11 29 11 67 BLACK TO BIRTHPLACE STATE OF FOREIGN THE CITY OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X COUNTRY Unkn. Md. WIDOWED Balto. City 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 17h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) INDUSTRY Balto. Provident Hosp. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 310 N. Fremont Ave. Md. Balto. YES N. NOF 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST Unkn. LAST Unkn. ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 207-11-1111 Unkn. APPROXIMATE INTERVAL 18 CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 Conditions, if any, which gove rise to immediate cause (o), stating underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 RECORDS, CERTIFICATION 90 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH2 COLON + METASTASIS NOISO 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) iol-fron HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH MEDICAL HE EITHER NOTIFY MEDICAL EXAMINER P.M. 71d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION Ö (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE orked NOT WHILE 22a. I certify that (1) (this hospital) attended the deceased from, sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not yiev the body ofter death 77b. SIGNATURE DEGREE 22c DATE SIGNED + ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS the S HOSPITAL OUIDENT 230. BURIAL, CREMATION, REMOVAL 23b. DATE THURS 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) CITY OR TOWN COUNTY STATE 1/18/79 Removal 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 1/75 655 W. Balto. St. Balto., Md. (VR A 15 (4)) Anatomy Board

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1.	FOR STATE REGISTRAR		DEPA		ICATE OF DE		ENE 7 9	-0	0837	
7	1. DE	CEASED NAME FIRST OR PRINT)		IDDLE		LAST	547E4	NEO. TI	MONTH	DAY YEAR	10 A M
7	3 SE	Lovel	1 RACE			AX		4 405	1	1 19	M
	J. SE.	Femela	JA 1		5. DATE (YEAR	6. AGE (IN YEARS LAST BIRT	HDAY)	MONTHS DAYS	HOURS MIN.
	7- 01			200	01	22	13	65	YRS.		
0 0	/0 BI	RTHPLACE (STATE OR FOREIGN DUNTRY)	16 CITIZEN OF V	VHAT COUNT	MARRIE	D NEVER MA	RRIED 🔲	9. BALTIMORE CITY O	R COUNT	Y OF DEATH	
) (Maryland	U.	S.A.	WIDOW		RCED 🗌	Baltimo	re	City	MD.
00	10. C	TY OR TOWN OF DEATH	(IF NOT IN SUCH	OSPITAL, NUI FACILITY, GIVEST	REET ADDRESS)	nore Ge	UTION	120. USUAL OCCUPATI		12b. KIND C INDUSTRY	F BUSINESS OR
13		altimore				nore Ge	neral				
15	13a S	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN		130 CITY OR T		13d. INSIDE CITY	LIMITS?	13e. STREET ADDRESS	-/-	ST.	
-	14 FA	THER'S NAME		1200		15 MOTHER'S M			022	31.	
2		A , 1	MIDDLE	LAST	11000	FIR:	ST	MIDDLE		LAS	K/
	16a V	VAS DECEASED EVER IN U.S. AR.	MED FORCES?	166 SOCIAL SI	LLACE ECURITY NO.	17. INFORMANT	JCY.	ADDRE	SS	UN	, KL
1	()	(IF YES, GIVE	WAR OR DATES)	215.70	0-5306	A Pe	D.	iggs 15 S	Cl	0 1 C	
		18 CAUGE OF DEATH .				и ге	rry D	1998 13 3	, Cn	arles St	IMATE INTERVAL ONSET AND DEATH
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	D BY:	ine for (0), (b)	/	- 4 - 7	coal a			BETWEEN	ONSET AND DEATH
		IMMEDIAT	E CAUSE (0)	Chev a	(0 mg	sperace	19 4	west			
	87	2501	DUE TO, OR	AS A CONSE	OUENGE OF		. 1	c Ketoas	0		
		Conditions, if any, which gove rise to immediate	(b)	hy pol	houre	in - DR	wel	ich el ole e	2 de	2	
	10	couse (a), stating the underlying couse last.	DUE TO, OR	AS A CONSE	OUENCE OF					No.	
			(c)								
	z	PART 2 OTHER SIGNIFICANT C	ONDITIONS <u>CO</u>	NTRIBUTING	TO DEATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE OR CON	DITION GI	VEN IN PART 10	31
-	CERTIFICATION	19a DATE OF OPERATION	IN CONDIT	ION FOR WH	ICH OREBATIO	N WAS PERFORM	150	Tan AUTOROVO	100: 15 V	C WERE ENION	
	FIC.	THE DATE OF OPERATION	178 CONDI	ION FOR WH	ICH OPERATIO	N WAS PERFORM	VED.	20a AUTOPSY?	IN CERT	ES, WERE FINDIN IFYING CAUSES	OF DEATH?
4	RT	210. ACCIDENT WAS UNDERLYING	2 211 7145 05	In ()) (D)/		100 1100111		YES NO		ES 🙀	NO 🗌
1	_	OR CONTRIBUTING CAUSE OF DEA	216. TIME OF HOUR A.A	MONTH	DAY YEAR	ZIC HOW INJU	RY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18,	PART 1 OR PART 2)	
	ICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.N		19		50				
	MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE C (AT HOME, STRE	F INJURY ET, FACTORY, OFFI	CE, FARM, ETC.)	211 LOCATION STREET		CITY OR TOW	N	COUNTY	STATE
3.0		22a.1 certify that (1) (this haspit	tal) attended the	deceased fro	m 12	129	19 78	_, to		19 79	that (I) (we) last
		sow the deceased alive on above, (1) (we) (did) (did no	t) yew the body o	ftor donth	9, or	nd that in (my) (at	ur) opinion de	eath accurred on the do	te and ho	ur and from the	couses stated
		22b. SIGNATURE	Try view the body c	nier deom.		DEGREE				22c. DATE	SIGNED
		af. V	Dave 1	/			ENDING YSICIAN	MEDICAL STAF			
		22d. PHYSICIAN'S NAME (TYPE OF	PRINT)	in		22e. ADDRESS	TOTCIAN [OWECLOK LILIZIE	TAIL TO		
		Migoel F	Eleisa	hma	an	Sout	to R	salto.	60	nera	1
	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE	2	3c. NAME OF C	EMETERY OR CRE	MATORY	23d. LOCATION		COUNTY	STATE
		Burial	1-4-1	979	Mt. C	alvary (Cem.	Glen Bur	nie		- bM
		INERAL DIRECTOR		ADDRESS			25a. DATE			TRARIS SIGNAT	URE
	1.	LANDBrown & So	nPA	1 01 3 T	T Dale	· · · · · · · · · · · · · · · · · · ·	1, U	11112 (5/1	7	9 133	The second of

DHMH - 16 50M 7/77 (VR A 15 (4))

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V	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	79 - REG. NO	00838
nay be page 3 rr death		CEASED NAME FIRST CORPRINT) VERO	H MIDDLE	Feehley Is date of BIRTH	20. DATE OF DEATH M	10NTH DAY YEAR 16 HOUR 27, 1979 12 45 M DAY) 16 UNDER I YEAR 16 UNDER 24 HRS
th. Page 4 n	10 18	emale (QUE OS I ON ITIZEN OF WHAT COUNTRY?	MARRIED DI NEVER MARRIED	9. BALTIMORE CITY OR	MONTHS DAYS HOURS MIN
offer dea	M	aryland Tractown of DEATH THE	NAME OF HOSPITAL, NURSII	WIDOWED DIVORCED DIVORCED	12a USUAL OCCUPATIO (LIPPOF YORK FOR MOST OF	IN 126-KIND OF BUSINESS OR
AND 2120 in 24 hours y filled in by should be file		ALRESIDENCE (IF MURSING HOME OR OTHER TRATE) 136 COUNTY	R INSTITUTION, GIVE RESIDENCE BEFOR	EADMISSION) //N 13d INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS	vage Street
RE, MARYLA ecuted within by a completely es 1 and 2 sh col examiner		THER'S NAME FIRST MIDDLE VAS DECEASED EVER IN U.S. ARMED	reters	901000	WIDDLE	Wise
BALTIMORE, cote be executed to pers. Pages vol. 1, the medical	100. (YE NO OR UNKNOWN) (IF YES, GIVE WAR	24.03 ·s	1453 Mildred Br	70WN 300	S. Macon St.
ST., g phy sanpterema even		18 CAUSE OF DEATH (Enter only one PART I. DEATH WAS CAUSED BY: IMMEDIATE CA	USE (a) Cetherosc	lentie Carolionace	Man Disens	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
. PRESTON the death of the offendin remove cort emption, or entroumotic		Conditions, if ony, which gave rise to immediate	DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU			
DS, 201 W quires that signed by hen please to burial, cr	z	underlying cause lost	(c)	DEATH BUT NOT RELATED TO THE TERM	NNAL DISEASE OR COND	ITION GIVEN IN PART 1(a)
been been any inj	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200. AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO N
OF VI			P.M.	AY YEAR 19		
DIVISION OF PH. of the of the orked of the orked or the order or the o	MEDICAL		THE PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	CITY OR TOWN	COUNTY STATE
ATTENDI aspital a ECTOR: A ed for use or. of Heal		22a. I certify that (I) (this hospital) o saw the deceased alive an obove, (I) (we) (did) (did nat) view 22b. SIGNATURE.	1/4/19	77, 19 29, and that in (my) (our) opinian	death accurred on the dat	e and haur and from the causes stated
SPITAL OR I by the hore be detache e Store Department. If he		22d. PHYSICIAN'S NAME (TYPE OR PRINT	estley	200 ATTENDING	DIRECTOR PHYSICA	1/20/20
TO HOSPITA retained by TO FUNERA should be di with the Sto	2300	ALBERT B. K	BRADLEY, A	1.D. 4900 BELLA		BALTO, Md. 21206
1665 BP	C	DUCIA 1	·30.79 fc	inkwood	23/20CAJION CHYORITOWN	re Cornity, Ud.
DHMH - 16 60M 1/75 (VR A 15 (4))	1	Pluce A. Hoffuc	SANN 3218	Hudson St. IAN	E RECTO. BY REGISTRAR 2	56. RESSIDAR'S SIGNAY RE

79-00838 A LANGUAGE TO THE PROPERTY OF Letter Land Bridge Bridge Fi /2/1

may be the attending physician and campletely filled in by the funeral director, page 3 remove carbon papers. Pages 1 and 2 should be filed within 72 hours after death Manning State Control is marked or Item 18 shows any injury, or other troumatic event, the medical expanine must be notified DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 executed within 24 haurs TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion is should be detached for use as the burial-transit permit. Then please remove carbon papers. Powith the State Dept. of Health and Mental Hygiene prior ta burial, cremation, ar remayal. death certificate be ATTENDING PHYSICIAN: The law etained by the haspital or

BP_____ DHMH - 16 50M 7/77 (VR A 15 (4)) FOR STATE STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-00839

		REGISTRAR		CERTII	ICAIL OF DEATH	REG. NO.	
н	1 DEC	CEASED NAME FIRST	MIDDLE	1	AST	20 DATE OF DEATH MONTH DA	Y YEAR 26. HOUR 30
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	3. SEX	(RACE / 1	5. DATE C			UNDER I YEAR IF UNDER 24 HRS
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-	7n BII	RTHPLACE ISTATE OR FOREIGN 7h	CITIZEN OF WHAT COUNTRY?	8.		9. BALTIMORE CITY OR COUNTY C	OF DEATH
19		NEW YORK	U.S.A.		NEVER MARRIED	Briting	C- CITY
Ž,	10 (1	TY OR TOWN OF DEATH 11.		WIDOWE		12a USUAL OCCUPATION	12b. KIND OF BUSINESS OR
4	10 (1	2 TIORIOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET		R I al and	(TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWIFE	INDUSTRY
for	0	ACTIVICA	>/NH/	14051	THE		
1	13a. S	AL RESIDENCE (IF NURSING HOME OR OTH TATE 13b. COUNTY	13c. CITY OR JOW	E ADMISSION)	134. INSIDE CITY LIMITS?	I3e. STREET ADDRESS	21209
2		MARYLAND BALTIM	MORE BALTIMOR	E	YES NO NO	2251 ROGENE DR.,	APT. 204
3	14 FA	THER'S NAME FIRST MIDE	DLE LAST		15. MOTHER'S MAIDEN NAM	WIDDLE	LAST
2	200	NATHAN	GELLI	S	BEATRICE		SILVERMAN
As.		AS DECEASED EVER IN U.S. ARME		JRITY NO.	17 INFORMANT	ADDRESS #	21209
1	(4	NO OR UNKNOWN) (IF YES, GIVE WA	212-74-7	282	MR. FRANK FELD	MAN 2251 ROGENE I	DR., APT. 204
		18 CAUSE OF DEATH (Enter only o	one couse per line for (b) or	diava			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED B	BY. ()//	H			
		1/2					
		436-	DUE TO, OR AS A CONSEQUE	ENCELOF	+ a1B	2880	
		Conditions, if any, which gove rise to immediate	(b)	-	1 /1 /	C - 0	
		couse (a), stating the	DUE TO, OR AS A CONSEQU	ENCE OF	0		
		underlying couse last	(c)				
	7	PART 2 OTHER SIGNIFICANT COM	NDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITION GIVE	N IN PART 1(a)
	CERTIFICATION						
0	CA	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
1	TIF					YES NOW YES	NO
0	E	21a. ACCIDENT WAS UNDERLYING	116. TIME OF INJURY HOUR A.M. MONTH D	AV YEAR	21c. HOW INJURY OCCURRE	ED (ENTER NATURE OF INJURY IN ITEM 18, PAR	IT 1 OR PART 2)
7	AL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19			
	EDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY		21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
	¥	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE.	FARM, ETC.)	2 INEE!	CITYORTOWN	COUNTY STATE
		22a. I certify that (I) (this haspital)	nttended the desensed from	1.	2/19 10 78	to 01/051	9 49, that (I) (we) lost
		sow the deceased alive on	01/05/4719	79 ,0	nd that in (my) (our) opinion d	eath occurred on the date and hour	
		above, (I) (we) (did) (did not) v 22b. SIGNATURE	view the body after death.		DEGREE		22c. DAYE SIGNED
		1 allong and	1 (10tions)	mes	ATTENDING _	MEDICAL _ STAFF	- 1/2/70
		Vagrining	of amen	/111/70	PHYSICIAN [1/3/79
		22d. PHYSICIAN'S NAME (TYPE OR PR	AT TUTTO		22 ADDRESS	MACP	
		KAYMOND S	1. 1921 TRI		2/1/4/	4051	
			23b. DATE 23c.	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
	(BURIAL	1-7-79 AH	AVAS S	SHALOM	ROSEDALE BAL	TO. MD
	24 F	UNERAL DIRECTOR SOI IE	VINSON & BROS.		07 0 170	REC'D. BY REGISTRAR 25b. RESISTE	
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				STAT	TE OF MARYLAND				
	1.	FOR STATE			HEALTH AND MENTAL HYG FICATE OF DEATH	TIENE 7	9-0084	00841	
	1	REGISTRAR CEASED NAME FIRST	MIDDLE		LAST	REG. NO.	ONTH DAY YEAR	2 HOUR	
	(TYPE	OR PRINT)	MIDDLE		LASI	DATE OF DEATH		HOUR	
	3. SE	Jos	IPH R	FIDI	OF BIRTH	6 AGE (IN YEARS LAST BIRTHE	1-3-1979 DAY) IF UNDER 1 YEA	17,15	
	J. SE	3401		S. DATE	H OF BIRTH	2.00	MONTHS DAYS		
1	70 0	MNCE.	White	OLINITRY2 R	28 18	9. BALTIMORE CITY OR	YRS.		
17	C	RTHPLACE (STATE OR FOREIGN DUNTRY)		MARRI	ED MEVER MARRIED				
1/1		England IY OR TOWN OF DEATH	U.S.		OR OTHER INSTITUTION	BALTIMOR		OF BLISINE	
16	BA	LTIMORE	(IF NOT IN SUCH FACILITY,	NES HOSP	ITAL	Inspecto:		of Gusines tric	
31	USU 13a	AL RESIDENCE (IF NURSING HOME STATE 136 CC Md. Ba	UNTY 13c. CITY	DENCE BEFORE ADMISSION Y OR TOWN Odlawn	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	ffdale Ro	nd 2	
	14 F/	THER'S NAME	200.	Darawn	15. MOTHER'S MAIDEN NA		. rdare Ro	au z	
121	-	TACEPH	MIDDLE	o's Dec	ACNEST FIRST	WIDDLE	RIP(1)	4657	
76	16a \	VAS DECEASED EVER IN U.S.	ARMED FORCES? 16b SOC	CIAL SECURITY NO.	17. INFORMANT	ADDRES	S	,00,0	
2	-	VES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES) WWI 212-	-05-5753	Mrs Helen	H. Fiddes	s (as abo	Te)	
0					Leaking	. I Lade		OXIMATE INTER	
17	- 1	PARTI. DEATH WAS CAL		01, 161, ond (C)		Nan 4 4 602 15 1	BETWEE	N ONSET AND	
	10	1/1/15 IMMED	IATE CAUSE (o)	THURST !	4 parmines 4	HUERT ASM			
		74/3	DUE TO, OR AS A C	ONSEQUENCE OF					
9		Conditions, if ony, which gove rise to immediate	(b)						
		couse (o), stoting the underlying couse lost	DUE TO, OR AS A C	ONSEQUENCE OF					
			(c)	TALO TO DE ATLANTA	T NOT RELATED TO THE TERM	UNIAL DISEASE OR COMP.	TION CHUEN IN DARK	24	
	NO	PART 2. OTHER SIGNIFIC AN	II CONDITIONS CONTRIBO	TING TO DEATH BU	I NOT RELATED TO THE TERM	AINAL DISEASE OR COND	TION GIVEN IN PART	1(0)	
0	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FO	R WHICH OPERATION	ON WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINE	DINGS USED	
7	Ī					YES NO	YES	NO [
0	GR	21a. ACCIDENT WAS UNDERLYING	110110 4 11 110		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART 2)	
9	N N	OR CONTRIBUTING CAUSE OF	DEATH	19					
1	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJUI	RY	21f. LOCATION STREET	CITY OR TOWN	d COUNTY	S1	
	×	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTO	ORT, OPFICE, FARM, ETC.)	Since.	CITI ON TOWN	COUNT	3	
		22a.1 certify that (I) (this ha	spitol) ottended the deceos	ed from	., 19	, to	. 19	_, that (1) (
		sow the deceased olive	onnot) view the body after dec	19, c	and that in (my) (our) opinion	death occurred on the dot	e and hour and from the	he couses st	
		22b. SIGNATURE	1 1 C	1	DEGREE		22c. DA	TE SIGNED	
	8	6 7 cotum	(W) Whit	t.	ATTENDING PHYSICIAN [MEDICAL STAFF			
-		d. PHYSICIAN'S NAME (TYPE	E OR PRINT)	-0	22e. ADDRESS				
1		A MID	דרע שנדיים						
- 5	23g	BURIAL CRÉMATION, RÉMOV		1231 NAME OF	CEMETERY OR CREMATORY	234. LOCATION			
		SPECIFY) Burial	1/6/1979		athedral	Baltimo	ore. Mary	siz hand	
	24. F	JNERAL DIRECTOR				TE REC'D. BY REGISTRAR 2			
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Harlin Walter	

Moully Funeral Home of Brooklyn Balto.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	GIENE	79- REG. NO.	0084	3	
	1. DEC	CEASED NAME FIRST OR PRINT) Willi		MIDDLE	Finle	AST	20. DATE C	MARLE 12	1979	EAR	26. HOUR 45
	3. SEX		4. RACE Whi		5. DATE C	ber 70, 1905		YEARS LAST BIRTHDAY) IF UNDER		IF UNDER 24 HRS HOURS MIN
L	co	ATHPLACE STATE OR FOREIGN HINTRY)	76. CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED		ore city <u>or</u> co timore (ounty of DEA		MD.
C	Bo	altimone	3712	Brooklyn	Averu	ne 21225	(TYPE OF WO	RK FOR MOST OF WO	DRKING LIFE) 12b. K	STRY	ce (0.
E	130. ST Mal	IL RESIDENCE (IF NURSING HOME OF TATE) 13b. COU		Batimor	1	13d. INSIDE CITY LIMITS? YES 🛣 NO 🗌	130. STREET		lyn Aven	ue	21225
2	14. FA1	THER'S NAME John	MIDDLE	Finley		15. MOTHER'S MAIDEN NA		WIDDLE	Emire	LAST	
1	(16	(AS DECEASED EVER IN U.S. A es, no or unknown) (1F yes, G	RMED FORCES? VE WAR OR DATES)	214 01 5	148	Banbana D. Fi	inley	3772 Baltimo	pre, Md.	Aven 212	
	ATION	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	(c) CONDITIONS <u>C</u>	R AS A CONSEQUEI	NCE OF	Palalo glos NOT RELATED TO THE TERM N WAS PERFORMED	MINAL DISEA:	TOPSY? 20	b. IF YES, WERE I	INDIN	GS USED
2		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE	EAIR	DF INJURY M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCUR	YES T	NOD	YES TEM 18, PART 1 OR PA		OF DEATH?
ij	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.)	211 LOCATION STREET		CITY OR TOWN	COUN	ſγ	STATE
		220.1 certify that (1) (this has sow the deceased alive a above. (1) (we) (did) (did of 22b. SIGNATURE	in	179 19				L STAFF	22c.	m the c	hat (I) (ve) last couses stated
1		22d PHYSICIAN'S NAME (TYPE Semuel	Rubin	, M.D.		203 Pataps	sco in	venue,			
	(S	urial, cremation, remove Burial	Jan. 1	5, 1979		emetery or crematory on Park Cemete		altimore	1		STATE
	24. FU	UNERAL DIRECTOR	237 Eas	t Patapso	o Aye	enue Mi 2122	IAND 18Y	6 1979	REGISTER'S SI	GNATH	Co Creaty

DHMH - 16 50M 7/77 (VR A 15 (4))

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4		FOR - STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	79-001	8 4 5
poge 3		CEASED NAME FIRST HELENA	FISHER S	LAST	20 DATE OF DEATH MONTH	1 / 1 / 25 HOUR 1 30am
ge 4 r	3. SE	7 eure	BLACK	5 DATE OF BIRTH MONTH DAY YEAR 9 28 06	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR IF UNDER 74 HRS MONTHS DAYS HOURS MIN YRS.
funeral directions of the Contractions of the Contraction of the Contractions of the Contraction of the		RTHPLACE (STATE OR FOREIGN 71 OUNTRY)	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BACTO.	CLT MD
by the filed w	192	TY OR TOWN OF DEATH	. (IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS OF STAL	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR	KING LIFE) 126 KIND OF BUSINESS OR INDUSTRY
filled in auld be	130 S		OTHER INSTITUTION, GIVE RESIDENCE BEFORE 136 CITY OR TOW		130 STREET ADDRESS	s C
and whole	14 F/	THERS NAME FIRST ME GEORGE	DDLE LAST Fishe:	15 MOTHER'S MAIDEN N	AME MIDDL€	LAST
on and car		VAS DECEASED EVER IN U.S. ARM (es., no or unknown) (if yes, give w		92/5 Norman F	isher 439 Mar	nse Court
ficate paper paper payof.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE		dicit		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
at the death y the attendi se remave car cremation, a		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE (b) ACCUTE DUE TO, OR AS A CONSEQUE	Myscirsial WE	Arefor	
signed Then pl to burn njury, o	NO	PART 2 OTHER SIGNIFICANT CO	DNDITIONS CONTRIBUTING TO D	<u>DEATH</u> BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITIO	N GIVEN IN PART 1(a)
The law reician. The has been use has permit. Greene prior shaws any i	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO
SICIAN: ng phys certifico urial:trai tental Hy ltem 18	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 210. INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e. PLACE OF INJURY	YEAR 19 21t. HOW INJURY OCCU	RRED (ENTER NATURE OF IN) DRY IN IT	EM 18, PART 1 OR PART 2)
NG PH offer the os the I th and orked o	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC) STREET	CITY OR TOWN	COUNTY STATE
ATTEND ospital or ospital or ose d for use to of Heal		220.1 certify that (1) (this hospital sow the deceased alive an above, (1) (we) (did) (did nat)	1/1/28 19	A CORPORATION AND ADDRESS OF THE PARTY OF TH	n death accurred an the date or	, 19, that (I) (we) lost and haur and from the couses stated
irai OR A by the hos irai Direct detached state Dept.		22b. STONATURE	Splelaun	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
o HOSPITAL etained by 1 TO FUNERAL should be det with the State IMPORTANT:		22d PHYSICIAN'S NAME (TYPE OR F	ADDERS AUM	UNIV.	HOSP.	

231. NAME OF CEMETERY OR CREMATORY

TO HOSPITAL OR

DHMH - 16 50M 1/76 (VR A 15 (4))

24 FUNERAL DIRECTOR ADDRESS Wm. C. March F/H 1101 East North Ave

1/6/1979

23b. DATE

Burial

230 BURIAL, CREMATION, REMOVAL

23d LOCATION CITY OR TOWN

Baltimore, Maryland Cemetery 250 DATE RECD. 1979

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MIDDLE 26 HOUR (TYPE OR PRINT) CORINNE FITZHUGH 1-9-79 P. 3 SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 5 DATE OF BIRTH Female White January 15, 1892 To BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Baltimore City U.S.A. Virginia O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 20 USUAL OCCUPATION 12b. KIND OF BUSINESS OR Belair Convalesarium Baltimore Sales Person DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AGMISSION 136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore 2841 N. Calvert Street Marvland YES X 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE William Perkins H. Martha Richardson E. IN WAS DECEASED EVER IN U.S. ARMED FORCES ADDRESS 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No **₹12-22-5945** Eugene P. Fitzhugh New Port News, Va. 18 CAUSE OF DEATH Enter only one cause pe PART I. DEATH WAS CAUSED BY Conditions, if ony, which gave rise to immediate cause ioi, stating the ite justensia underlying cause last PART 2 OTHER SIGNIFICAN THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2). 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION 20 puo TREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWA COUNTY STATE AT WORK 22a. | certify that (I) (th ottendes and that in (my) (our) apinion death occurred an the date and hour and from the causes stated DEGREE ATTENDING Y MEDICAL YY STAFF
PHYSICIAN DIRECTOR HYSICIAN FUNERAL old be deto 224 PHYSICIAN S NAME (TYPE OF PRINT) 22e ADDRESS 50 Scott Adam Road IMPORT Cockeysville . Maryland Luis E.Rivera.M.T. 23a BURIAL, CREMATION, REMOVAL 23d. LOCATION 23b DATE 23¢ NAME OF CEMETERY OR CREMATORY Baltimore, Jan. 10,1979 Loudon Park Cemetery Maryland Buria1 1050 York Road 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. POGISTRAR'S SIGNATURE DHMH - 16 60M 1/75 (VRA 15 (4)) Towson, Maryland Ruck Towson Funeral Home, Inc.



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K. Law Funeral Home &611 Park Heights Ave.

FOR

(VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR MIDDLE 20 DATE OF DEATH I. DECEASED NAME 26 HOUR LYPE OR PRINT 1/26/79 MARIE MYRTLE FLAIG 3 SEX 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 76 AONTHS DAYS HOURS 02 10 White Eemale Le BIRTHPLACE ISTATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MARYLAND USA WIDOWEDE DIVORCED [BALTIMORE CITY 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Housewife BALTIMORE SAINT AGNES HOSPITAL DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 WSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS
106 S. Collins Avenue 130 CITY OR TOWN Maryland Baltimore YES K 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE Rebecca Pilkerton James Murphy 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS I (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) Mr. Charles G. Schwing, 1202 Pleasant 219-01-8198 18 CAUSE OF DEATH (Enter only one couse per line far to), (b), and ic PART I. DEATH WAS CAUSED BY at the Colon with hum, pancreatic land difuse nodal nutastassi Conditions, if any, which gove rise to immediate couse to, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 20g AUJOPSY? 20b. IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED p IN CERTIFYING CAUSES OF DEATH? 71a ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY CENTER NATURE OF INJURY IN ITEM 18, PART 1 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE NOT WHILE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 22a,t certify that. (1) (this haspital) attended the deceased from Jan and that in (our) apinion death occurred on the date and haur and from the couses stated sow the deceased olive on, obove, (Wwe) (did) (did you view the body after death 22c. DATE SIGNED 22h, SIGNATI DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN be de 22e ADDRESS 22d. PHY CIAN'S NAME (TYPE OR PRINT) should be with the MPORTA Whitehouse S. CATON AVE. BALTO 23¢ BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY 23b. DATE (SPECIFY)Burial Baltimore 1/29/79 Loudon Park Cem. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 1630 Edmondson Avanue, Catonsville DHMH - 16 60M 1/75 (VRA 15(4)) Witzke Funeral Home of Catonsville, P.A.21228

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230. BURIAL CREMATION, REMOVAL

March F/H

Burial

24. FUNERAL DIRECTOR

FOR STATE REGISTRAR		DEPARTM	ENT OF H	E OF MARYL LEALTH AND LICATE OF I	MENTAL HYG		7 g	- 0	084	9	
DECEASED NAME FIRST TYPE OR PRINT;		NIDDLE		AST		2a. DATE OF D	EATH MONTH		YEAR	2b HOU!	}
Alice	Mae	(Thoma	is)	Flint	all		1	29	79		M
SEX	4 RACE		5. DATE C		YEAR	6 AGE (IN YEARS	LAST BIRTHDAY)	MON	THS DAYS	IF UNDER :	24 HRS MIN.
Female	Black		1	18	04	75	,	rs.	INS DATS	HOURS	MIN.
BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	8	D S NEVER	MARRIED [9 BALTIMORE	CITY OR COL	UNTY OF	DEATH		
Md.	USA		WIDOWE		VORCED [Balt	imore	Ci	ty		MD.
CITY OR TOWN OF DEATH		IOSPITAL, NURSING		OR OTHER INS	TITUTION	120 USUAL OC			126. KIND C	F BUSINE	SS OR
Balto.	2718	Guilde	rd	Ave.		(TYPE OF WORK FO	OR MOST OF WORK	ING LIFE)	INDUSTRY		
SUAL RESIDENCE (IF NURSING HOME OF 13b. COU		130 CITY OR TOWN Balto.		13d INSIDE C	NO [13e. STREET AD	Guilf	ord	Aver	nue	
FATHER'S NAME			11-1		S MAIDEN NA				0-1-1-3		
Zachriah	MIDDLE	ebb LAST		Mar	tha	·	WIDDLE	And	ersor	ĺ	
WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECUR	ITY NO.	17 INFORMA	ANT		ADDRESS				
NO	VE WAR OR DATES			Sedo	nia T	isdale	336	E. 1	Lorri	ane	Ave
18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	ED BY: ATE CAUSE (a)	line for (a), (b), and							APPROXI BETWEEN	MATE INTER	AL DEATH

Conditions, if ony, which gove rise to immediate (a), stating the DUE TO. cause last underlying NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 190 DATE OF OPERATION 96 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [YES [NO YES [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE AT WORK 220.1 certify that (this haspital) attended the deceased from sow the deceased olive on above, (we) (did not) view the body ofter death. and that in (aur) opinion death accurred an the date and hour and from the causes stated DEGREE ATTENDING MEDICAL STAFF
DIRECTOR PHYSICIAN PHYSICIAN

22e. ADDRESS

23¢ NAME OF CEMETERY OR CREMATORY

Md. Nat. Mem.

1101 E. North Ave.

Laurel

Pk

STATE

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23b. DATE

12/

DHMH - 16 50M 7/77 (VR A 15 (4))

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1	BUSUA 13a S	A HIMORE AL RESIDENCE (IF NURSING HE TATE MD. B. THER'S NAME	ME OR OTHER INSTITUTION,	H FACILITY GIVE STREET	NG HOME O	P OTHER INSTITUTION		123/1	CHAP	
35	13a S	MD. B.	COUNTY		1051	4 1 tosp: tal	12d. USUAL OCCUPAT (TYPE OF WORK FOR MOST OF MACHINE O	F WORKING LIFE)	INDUSTRY	OF BUSINES
30				BALTIMO	/N	138 INSIDE CITY LIMITS?	13e. STREET ADDRESS 754 OVER BR	OOK RD		
2 18	G		D. MIDDLE	FLOR.	AY	15 MOTHER'S MAIDEN N. FIRST FLORENCE	AME MIDDLE M.		KĖ	RN
- 40		AS DECEASED EVER IN U.S		218 22 3		17 INFORMANT FLORENCE M.	FLORAY 754		OOK RD	E This
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4	CERTIFIC	NA 21a. ACCIDENT WAS UNDERLYIN			AY YEAR	23c. HOW INJURY OCCU	YES NOTE	YES		NO [
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I: If Hem 21 is mo		22a.1 certify that (I) (this sow the deceased alliabove, (I) (we) (did) (d 22b. SIGNATURE			1 /	d that in (my) (our) opinion DEGREE MD ATTENDING PHYSICIAN	, to John death occurred on the d	FF S.C	ond from the	
7		22d. PHYSICIAN'S NAME (1	4 1/ 4	oy		Walor Memonyar	· Fair · A ·		ALTINUAR	-, K
2	23a 8 (S	URIAL, CREMATION, REMO	23b. DATE 1/31/1			EMETERY OR CREMATORY D MEM. PARK	734 LOCATION BALT TMDRI TEREC D. BY REGISTRAR		YTNUO	MD.

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STATE OF MARYLAND 79-00852 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST 20. DATE OF DEATH MONTH 7h HOUR PE OR PRINTI DOLORES CATHERINE FOERTSCH JANUARY 04 1979 09:00PN 5. DATE OF BIRTH 6 AGE LIN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 4 RACE MONTH YEAR HOURS DAY FEMALE WHITE 1924 54 MAY 22 00 BIRTHPLACE ISTATE OF FOREIGN **BALTIMORE CITY OR COUNTY OF DEATH** 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BALTIMORE . MD. U.S.A. WIDOWED DIVORCED | BALTIMORE CITY CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 12a USUAL OCCUPATION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE)
SUPERVISER LIE NOT IN SUCH FACILITY GIVE STREET ADDRESS? BALTIMORE .MD. CITY HOSP. JOHNS HOPKINS HOSPITAL USTAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
136. STATE 136. COUNTY 136. CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? 3314 O'DONNELL ST. # 21224 MD. BALTIMORE YES X NO F 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME 100 MIDDLE FIRST LAST MICHAEL. FOERTSCH THERESA EBERT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS IYES NO OR UNKNOWN) I LIF YES, GIVE WAR OR DATES) MARGARET HOOD : 3241 FAIT AVE.#21224 219-12-3043 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).
PART I. DEATH WAS CAUSED BY. OVARIAN IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which LL MON ARY gave rise to immediate couse lot, stoting DUE TO, OR AS A CONSEQUENCE OF DIVISION OF VITAL RECORDS, 201 W. underlying couse lost motorbasis 419 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 CERTIFICATION 19h, CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20h. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION pr IN CERTIFYING CAUSES OF DEATH? riol-tronsit p entol Hygien NOK YES [sho The ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 21 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M A 211. LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY ö CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE 22a.1 certify that (1) (this hospital) attended the deceased from and that in (my) (our) apinion death occurred on the date and hour and from the couses stated sow the deceosed alive on_ above, (1) (we) (did) (did not) view the body after death 22h, SIGNATURE DEGREE 22c. DATE SIGNED STAFF ATTENDING MEDICAL be deto DIRECTOR | PHYSICIAN PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS TO FUNE should be with the S MPORT ANTHONY DUNKWU M.D. THE JOHNS HOPKINS HOSPITAL 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY (SPECIFY) BURIAL. SACRED HEART CEM. 1-8-79 7401 GERMAN HILL RD., BA.CO.MD 150. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 901 S. CONKLING ST DHMH - 16 50M 7/77 (VRA 15(4)) BALTO., 21224, MD.

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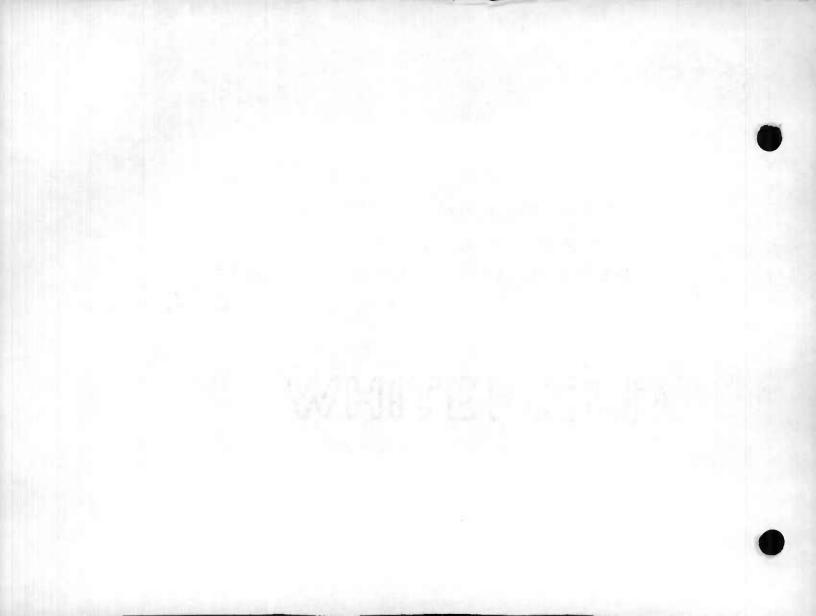
 NAME: Joseph William Ford

DATE OF DEATH: January 27, 1979

PLACE OF DEATH: Baltimore City

SEE: #79-03524

February, 1979
Baltimore, City



	1-	FOR STATE REGISTRAR		DEPAR	MENT OF	E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	GIENE 7 9	-008	54	
nay be poge 3		CEASED NAME FIRST WILLIAM		ILTON	FOR	AST D	20 DATE OF DEATH	1 29	YEAR 79	26. HOUR 4:50 pm
4 79	3 SEX	MALE	4 RACE BL	ACK	5 DATE (6. AGE (IN YEARS LAST BI		UNDER 1 YEAR	IF UNDER 24 HRS
deoth. Poge.	N cc	RTHPLACE (STATE OR FOREIGN DUNTRY) IEW JERSEY	U.S		WIDOWE	D DIVORCED	9 BALTIMORE CITY BALTII		DEATH	MD
rs ofter by the filed-wi	E	ALTIMORE	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IVAMOCHBALTTIMORE) MARYLAND 21218			126 USUAL OCCUPATION 126 KIND OF BUSINESS OF STEEL WORKER INDUSTRY				
AND 212 n 24 hour filled in hould be in must be	M	IL RESIDENCE (IF NURSING HOME O TATE 13b. COUI IARYLAND	R OTHER INSTITUTION NTY	GIVE RESIDENCE BEFO 136 CITY OR TO RBALTI		13d. INSIDE CITY LIMITS? YES XX NO [13e STREET ADDRESS	2635 C	HASE :	STREET
red within 24 ompletely filled ond 2 should examiner mus		THER'S NAME KINDAM	MIDDLE DA	LAST		15 MOTHER'S MAIDEN NA	ALL MIDDLE	Thomas	-poo	n
BALTIMORE, cote be executy ysicion and coppers, Pages 1 vol. it, the medical			E WAR OR DATES)	155 O1	6324	boldie D	aughty I	635°	e. C	MARC HT
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., B. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., B. DIS PHYSICIAN: The low requires that the death certifical variety of the buriol-transit permit. Then please remove carbon paper th and Mental Hygiene prior to burial, cremation, ar removal orked at Item 18 shows any injury, at other traumatic event,	NO	PART 1. DEATH WAS CAUSE IMMEDIA Canditions, if ony, which gave rise to immediate couse (o), stating the underlying cause last PART 2. OTHER SIGNIFICANT	DUE TO, O DUE TO, O DUE TO, O (c)	RASACONSEO SEGSIS RASACONSEO Acute	JENCE OF		AINAL DISEASE OR COL	ndition Given	IN PART 1(c	١٤.
he low re no. has been t permit tene prior ows only i	TIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSÝ?	20b. IF YES, V IN CERTIFYIN YES [VERE FINDING CAUSES	GS USED OF DEATH?
DIVISION OF VITA TO HOSPITAL OR ATTENDING PHYSICIAN: It etained by the haspital or offending physicial to FUNERAL DIRECTOR. After this certificate should be detached for use as the buriol-transit with the State Dept. of Health and Mental Hygin IMPORTANT: If them 21 is marked at Item 18 sh	MEDICAL CERTIFI	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that It (this hasp saw the deceased alive or above in (we) (did vita vita vita vita vita vita vita vita	21e PLACE (AT HOME, ST	M. MONTH M. OF INJURY REET, FACTORY, OFFICE Letter deceased from LY 29 19	JANUA 79	nd that in (Ay) (our) opinion DEGREE ATTENDING	to JANUAF death occurred an the MEDICAL ST. DIRECTOR PHYS	OWN 29, 19 date and hour a	COUNTY 79	
8 3 BP	230 B	URIAL, CREMATION, REMOVAL	23b DATE 2/3	179 3	NAME OFF	EMETERY OF CREMATORY	23d. LOCATION CITY OF DOWN	1550	UNTY M	JIATY.
DHMH - 16 50M 7/77 (VR A 15 (4))	24 FL	NERAL DIRECTOR	RAL H	OME ADDRESS	30471.	Contral a 250. DA	JAN 3 1 197	R 25b. REGISTA	R'S SIGNAT	Credy

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR MIDDLE 26 HOUR I. DECEASED NAME (TYPE OR PRINT) UTHEY 4 RACE AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR DATE OF BIRTH IF UNDER 24 HP MONTHS DAYS HOURS MIN TO BIRTHPLACE STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED DIVORCED WIDOWED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR 120 USUAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE FIRST 160 WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMAN (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH Enter only one cause per line for to , ib PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. IMMEDIATE CAUSE 10 Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE underlying cause last o PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 ğ CERTIFICATION a 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? b IN CERTIFYING CAUSES OF DEATH? NO YES [NO [Mental Hygi 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY à STREET CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK AT WORK 220 | certify that (1) (this haspital) attended the deceased fram , that (1) (we) last saw the deceased alive an_ , and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did not w the bady after death 226. SIGNATURE DEGREE PHYSICIAN DIRECTOR PHYSICIAN FUNERAL 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS ld b IMPORTA 0 23d LOCATION 230 BURIAL CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DA COUNTY DHMH - 16 60M 1/75 (VRA 15 (4))

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Charles A. Rice 1300 Eutaw Place

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

REGISTRAR

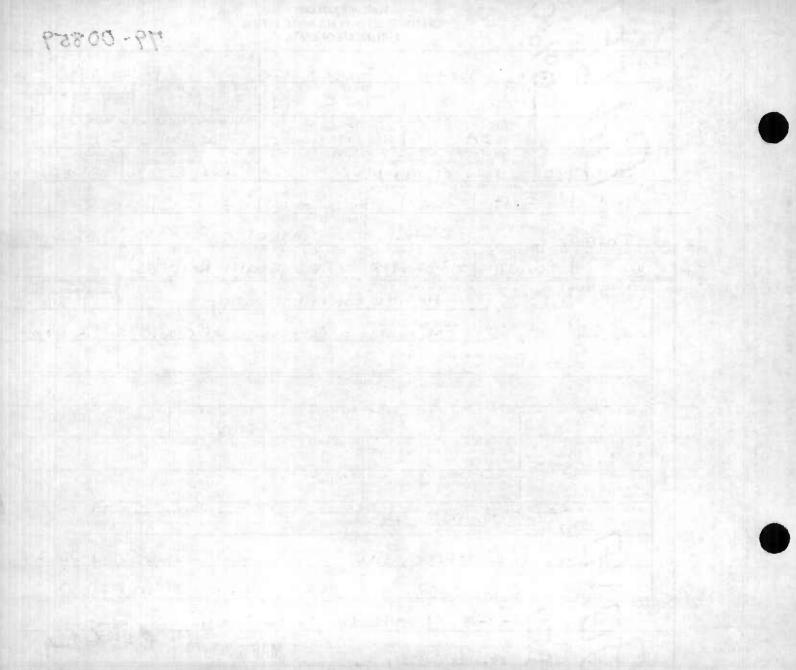
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME LAST 20. DATE OF DEATH 26 HOUR page 3 (TYPE OR PRINT) Bond obert 1-05 t 20 3 SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 MRS MONTH YEAR HOURS Cauc. Male 29 To. BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH COUNTRY MARRIED NEVER MARRIED Himore WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY MARYLAND 21201 Estate md Hos Real Self-am UNIV 07 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 50 NO I 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE -ostev mabel nomas 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO. ADDRESS 17. INFORMANT ě (YES. NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Records WWI Mospital APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I, DEATH WAS CAUSED BY: Hepatic Encephalopathu WIC IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Metastatic Carcinoma Conditions, if ony, which gove rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF otho underlying cause last. ō PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a DIVISION OF VITAL RECORDS, CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED pr IN CERTIFYING CAUSES OF DEATH? NOF YES [NO [Нув 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 10 ar 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK 22a. I certify that (1) (thus hospital) attended the deceased fram_ Dec Jan Jan saw the deceased alive an. and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated DIRECT obove, (1) (we) (did) (did not) view the body after death. Dept. 22b. SIGNATURE DEGREE 22c. DATE SIGNED * should be deto with the State [ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS univ. of md Hosp DUTCHER 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) Burial STATE Druid Ridge Cemeterv Balto Maryland 250. DATE REC'D. BY REGISTRAR 250. ROS STAR SS NA RE 24 FUNERAL DIRECTOR DHMH - 16 50M 7/77 ADDRESS (VR A 15 (4)) Frank H. Newell, Inc. Pikesville

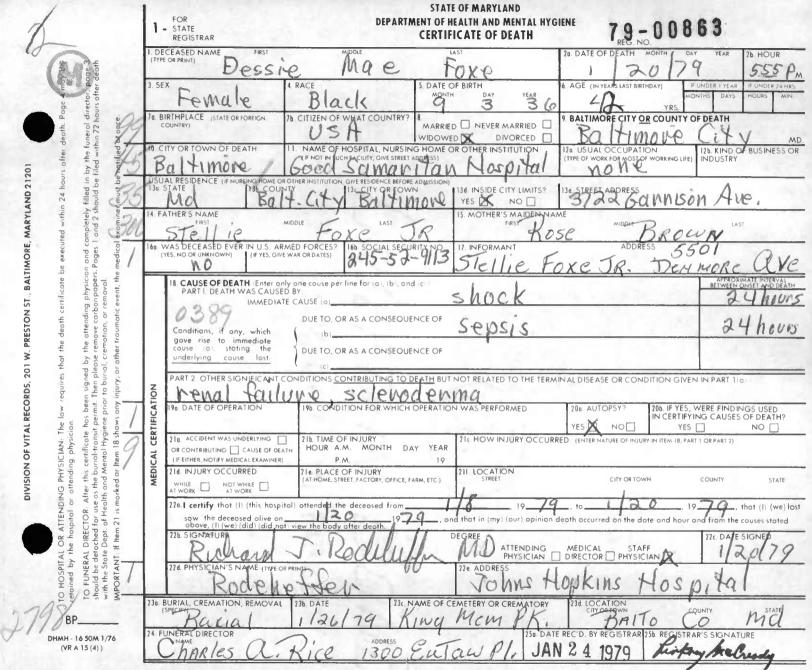


5		FOR	D.C.D.		DF MARYLAND ALTH AND MENTAL HYG		00000	
	1.	STATE REGISTRAR	DEF		ATE OF DEATH	REG. NO	00860	
		CEASED NAME FIRST	MIDDLE	LAS	T	2a. DATE OF DEATH	MONTH OAY YEAR	2b HOUR
8 50 E	(TYPI	Gwend	blym Smith	1 For	wher	7	an 8 79	1 120 pm
i i	3 SE	- 1	4 RACE	5. DATE OF	DAY YEAR	6. AGE (IN YEARS LAST BIRTS	MONTHS DAY	
urs a		temale	Qauc.	10	3 17	(0)	YRS	
72 hour		OUNTRY)	76 CITIZEN OF WHAT COUN	TRY? 8 MARRIED WIDOWED	NEVER MARRIED	0	R COUNTY OF DEATH	440
thin sed	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	JRSING HOME OR	tunal .	120 USUAL OCCUPATION	ON 126 KIND	OF BUSINESS OR
Sefficient of the sefficient o	5	Baltimore	(IF NOT IN SUCH FACILITY, GIVES			Secret		A
ould be t	USU 13a.	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION, GIVE RESIDENCE NTY 13c. CITY OR	BEFORE ADMISSION)	3d. INSIDE CITY LIMITS?	13e STREET ADDRESS		
2 should	4	DC	Wash	ington	YES NO []	13243 M	ST SE	
ond 2 sh	14. F.	ATHER'S NAME	MIDDLE		FIRST	MIODLE	Sn	LAST
0	160	Edward WAS DECEASED EVER IN U.S. AF		SECURITY NO.	Mynt:	ADDRE	0.0	
Pog		YES, NO OR UNKNOWN) (IF YES, GIV	F WAR OR DATES)	32-6906	Thomas P. I	Fowler, Sa	me as Abo	ve
physicia npopers mavol.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI	nly one couse per line for (a), (b	o), and (c	PRODUCTE.		BETWEE	OXIMATE INTERVAL IN ONSET AND DEATH
emo			TE CAUSE (0) Re	spirato	my Insus	ficiency		30 min
corbing of r		2080	DUE TO, OR AS A CONS	EQUENCE OF	0		0.7	1 1
ove		Canditions, if ony, which gove rise to immediate	(b)	Pulm	enary He	montrage		18 hrs
remo		couse (o), stoting the underlying couse lost.	DUE TO, OR AS A CONS	EQUENCE OF	1 0 12-	9		2 1 00 5
or oth			(c)	Heute	Leukem		0.17.10.11.0.10.10.10.10.10.10.10.10.10.10.1	years
to bu	NO	PART 2 OTHER SIGNIFICANT	to intestina	1		Possible.	Sepsis	110
mit. prior	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR W		WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINI IN CERTIFYING CAUS	
giene shows		ALC: NO				YES NO	YES 🗀	NO 🗌
OT W		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MONTH		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18, PART 1 OR PART 2	}
buriol-tronsit Mentol Hygi or Item 18 sh	N S	(IF EITHER, NOTIFY MEDICAL EXAMINER	P.M.	19				
_ 0	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, O		21f. LOCATION STREET	CITY OR TOW	VN COUNTY	STATE
of the ord			ital) altra dad the deceased to	rom. Set	10 7k	o to Jan	10 79	. that (I) (we) last
T He US		22a. I certify that (I) this hosp sow the deceased alive or	ot) view the body ofter death.	50	that in (my) (our) opinion	, 10	ote and hour and from t	
DIRECTOR: sched for us Dept of He if Item 21 is		above ((I) we) (did) (did no 22b. SIGNATURE	ot) view the body ofter death.		EGREE		22c. DA	TE SIGNED
(AL DIREC detoched ote Dept 4T: # Hem		Com	ce P. Du	tohon 1	M) ATTENDING PHYSICIAN	MEDICAL STAI	FF LIAN D	-8-79
be de Sto	7	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	Citer	22e ADDRESS			
TO FUNERAL D should be detor with the Stote D IMPORTANT: #		Janice	P. Dutch	ier mo	BCRC,	Univ c	of Ma	
₹ ₹ ₹ ₹	23a.	BURIAL, CREMATION, REMOVA		23c. NAME OF CE	METERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
		Burial	1-12-79	CEdar	Hill Cem.	Suitlan	d, P.G.	Md.
50M 1/76	24 F	UNERAL DIRECTOR ROD T	E Wilhelm ADDRE	4308 Su	itland 250.PA	TE REC'D, BY REGISTRAR	256 REGISTRAR'S SIGN	ATURE
15 (4))	Fu	neral Home	Rd., Suit	tland. I	Md. DN			



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME LAST 20 DATE OF DEATH MONTH 2h HOUR TYPE OR PRINTS Janie FOWLKES January 10 1979 3. SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) MONTH HOURS 26 1896 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED WIDOWED DIVORCED T Baltimore Citu O CITY OR TOWN OF DEATH HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION M36 COUNTY 13c CITY OR TOWN 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? YES T NOF 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST LAST 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURIT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., IMMEDIATE CAUSE (a) Atherosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION Senility 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? pe NO YES [NOF Hygi 71n ACCIDENT WAS UNDERLYING 71h. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 te 21d INJURY OCCURRED 21f LOCATION 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that XXthis hospital) attended the deceased from November Januaru sow the deceosed olive an <u>January</u> obove, **X** (we**XXXX** do not) view the body after death and that in (aur) apinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL 1-11-79 PHYSICIAN DIRECTOR PHYSICIAN XX 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS MPORT/ ld b c/o Maryland General Hospital Albin O. Kuhn, II, M.D. Shou 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF GEMETERY OR CREMATORY DHMH - 16 60M 1/75 (VRA 15 (4))

7		1.	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 79-00862								
			CEASED NAME FIRST	MIDDLE		LAST	2a DATE OF DE	ATH MONTH	DAY YEAR	2b HOUR		
	y be		Sadie			Fox		1	21 79	12:30p		
	ctor.po	3 SE	female	4 RACE	5. DATE (6 AGE (INYEARS		MONTHS DAYS	HOURS MIN.		
	Page direct hours		IRTHPLACE (STATE OR FOREIGN	75 CITIZEN OF WHAT COL	JNTRY? 8		9 BALTIMORE	YRS.	OFDEATH			
	death.		W. VA.	USA		D NEVER MARRIED [ITY	MD		
103	by the fulled with	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GI		OR OTHER INSTITUTION	TYPE OF WORK FO	EUPATION MOST OF WORKING LI	12b. KIND O INDUSTRY	OF BUSINESS OR		
AND 213	filled in rould be	13a.	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	NTY 130 CITY C	ICE BEFORE ADMISSION) OR TOWN TOWN	13d INSIDE CITY LIMITS?	13e STREET ADE	RESS HU05	N 57	-		
MARYL	mpletely ond 2 sh	14. F/	ATHER'S NAME FIRST COS	MIDDLE L	AST	15. MOTHER'S MAIDEN I	M	IDDLE NIT(1	LAS	۱۲		
BALTIMORE, MARYLAND 2	on and co	160 \	VAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) I IF YES, GIV	/E WAR OR DATES)	AL SECURITY NO.	PHILIP LI	FOLICH	ADDRESS 2514	CRESI	WELL RI		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BAI	quires that the death certificate signed by the attending physical hen please remove carbon paper to bural, cremotion, or removal. Ijury, or other traumatic event, the	NO	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI IMMEDIA Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A COI DUE TO, OR AS A COI (b) Melaba DUE TO, OR AS A COI (c) Inance	he Resp NSEQUENCE OF HE A Same	larghyph larghyph Notrelated to the TE	lene, s Here as	sepsis temy the	APPROXI- BETWEEN C	IMATE INTERVAL ONSET AND DEATH		
'AL RECOR	N: The low re ysicon. Icote has been ronsit permit. I Hygiene prior 18 shows any in	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	which operation	nen		ON CERTIF		OF DEATH?		
VISION OF VII	G PHYSICIAN: ottending physis this certificat the burial-tran and Mental Hy ked or Item 18 s	MEDICAL CE	21g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE (HE EITHER, NOTHEY MEDICAL EXAMINER THE EITHER, NOTHEY MEDICAL EXAMINER OF WHILE AT WORK AT WORK AT WORK		19	216 HOW INJURY OCC		OF INJURY IN ITEM 18, I	COUNTY	STATÉ		
	to R ATTENDING the hospital or of the hospital or of the CTOR. After the period of the constant of the constan		220. I certify that the (this hosp	11 -	19 79 ,0	nd that in (my) our) opinion DEGREE ATTENDING	MEDIĆAL	STAFF	or and from the			
	TO HOSPITAL of etained by the TO FUNERAL I should be detained with the State [IMPORTANT: If		22d. PHYSICIAN'S NAME ITYPE O	OR PRINT) Moore		220 ADDRESS Mercy	Hospital	PHYSICIAN LX	((21/7		
	BP	23a. (BURIAL, CREMATION, REMOVAL	1/24/29	BELA	R CEM.	BEL	AIR	COUNTY MAD	STATE		
0	HMH - 16 50M 1/76 (VR A 15 (4))	24. F	UNERAL DIRECTOR	5. CONNEL	DRESS 26	CO MACE JA	N 26 1979	STRAR 25b, OGIS	RAR'S PIGNAT	URE		



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME LAST 20 DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) Robert John 79 Francis 25 4 RACE 5. DATE OF BIRTH 3 SEX AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 350 Male White 48 Te BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY IISA Baltimore. City Maryland WIDOWED DIVORCED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY S. Bonsal Street Baltimore Technictian Am. Smelting USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 113c. CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? 1428 S. Bonsal Street Baltimore Maryland YES X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE John Francis Hanora Kirmse ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) 1 IF YES, GIVE WAR OR DATES) 213 26 2688 Mrs.Robert J. Francis 1428 S. Bonsal no 18 CAUSE OF DEATH (Enter only one couse per line for (q), (b), ong PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Conditions, if ony, which gave rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse reeum on ca DIVISION OF VITAL RECORDS, 301 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116 CERTIFICATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 19a. DATE OF OPERATION 20a AUTOPSY? à IN CERTIFYING CAUSES OF DEATH? NO YES [NO [210 ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) Hem 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 214 INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION ō AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE marked NOT WHILE WHILE AT WORK AT WORK 220.1 certify that (1) (this hespitel) attended the deceased from: sow the deceased alive on_ and that in (my) (ous) opinion death occurred on the date and hour and from the causes stated above (1) (well did (did not) view the body after death 226 SIGNATURE 22c. DAVE SIGNED MEDICAL -FUNERAL old be deto DIRECTOR PHYSICIAN quei ve PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME TOPE OF PRINT 72e ADDRESS 23d. LOCATION 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL LITY OR TOWN COUNTY 1/29/79 Burial Holy Rosary Cemetery Baltimore Maryland 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH-16 60M 1 73 1005 Dundalk Avenue (VR A 15 (4)) Walter Dabrowski

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 20 DATE OF DEATH MONTH DAY YEAR 2b HOUR TYPE OR PRINT 6:30 3 SEX 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH DAY YEAR HOURS To BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH COUNTRY) MARRIED NEVER MARRIED DIVORCED [M CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR IENOT IN SUCH FACILITY GIVE STREET ADDRESS! (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY PRESTON ST., BALTIMORE, MARYLAND 2120 JOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST 160 WAS DECEASED EVER INULS, ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL
BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which ASCUB gove rise to immediate couse 101, stoting the DUE TO, OR AS A CONSEQUENCE OF couse DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION C. 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 211. LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK AT WORK 220.1 certify that (I) (this hospital) attended the deceased from sow the deceased alive on_ ___, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death. 226. SIGNATURE DEGREE 22c. DATE SIGNED * ATTENDING MEDICAL STAFF FUNERAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 228 PHYSICIAN'S NAME LITYPE OF PRINT 22e. ADDRESS ld b 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DHMH - 16 50M 1/76 (VR A 15 (4))

MES A. MORTON & SONS 1701

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-00866

FOR

- STATE

(VR A 15 (4))

AND SERVICE OF CARD CHANGE IN THE PART OF STREET STREET

DHMH - 16 50M 1/76 (VR A 15 (4))

MPORTANT:

(SPECIFY) Burial 1-19-1979 24 FUNERAL DIRECTOR Leonard J. Ruck, Inc. 5305 Harford Rd. Balto: Md.

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

230. BURIAL, CREMATION, REMOVAL 23b. DATE

Francis T. Daly, M.D.

Oc.

231. NAME OF CEMETERY OR CREMATORY

22e ADDRESS

23d LOCATION Baltimore

5300 N. Charles Street

COUNTY

Maryland

STATE

26 HOUR

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IF UNDER 24 HRS

IF UNDER 1 YEAR

INDUSTRY

Yonda.

nonutr

YES [

COUNTY

Most Holy Redeemer

22c. DATE SIGNED

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

79-00870

. 1/42/1

. 1	1	FOR STATE REGISTRAR	DEF	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	79-0	0871
y be		DECEASED NAME TYPE OR PRINT!	TIE	FRIED	20. DATE OF DEATH MONTH D	7 79 10:45 A
Page 4 may director, pag hour alter de	9	F _{emale}	4.RACE W hite		71 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS AONTHS DAYS HOURS MIN.
death. Po	5	D. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUR	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore City Baltimore	City MD.
1201 Iurs ofter In by the filed with	1	BALTIMUNE CITY SUAL RESIDENCE (IF NURSING HOME OF	1101 St. Pau		TYPE OF WORK FOR MOST OF WORKING LIFE SECRETARY	126 KIND OF BUSINESS OR INDUSTRY BALTO CITY GOVT
LAND 21 LAND 21 In 24 ho should be	3	FATHER'S NAME	OTHER INSTITUTION, GIVE RESIDENCE ITY (134, CITY OF	TIN OPE YES NO	pt 607 1101	ST PAUL ST
E, MARY	C		BERMANDOLE BERMANDOLE	SECURITY NO. 17 INFORMANT	MIDDLE	LEMER
LTIMORE s be exected and or s. Pages he medice	/	(YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES) 213-	10-3971A ARYLTON BERL	STEIN-BRO-3202	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
quires that the death certificate signed by the attending physic hen please remove carbon pape to burial, cremation, ar removal niury, or other troumanc event, the niury, or other troumanc event, the page of the streams of the stre			D BY E CAUSE (a) CARC DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c)	SEQUENCE OF		2 YEAKS
AL RECORDS The low requi on. Those been significate permit. There is need prior to the isone prior to the i	2	190 DATE OF OPERATION JUNE 1977 210. ACCIDENT WAS UNDERLYING	4 / 4	WHICH OPERATION WAS PERFORMED		, WERE FINDINGS USED YING CAUSES OF DEATH?
DIVISION OF VITAL DING PHYSICIAN: The or other this certificate F e as the buriol-transit oith and Mental Hygie marked or them 18 sho	/	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTION CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOTIWHILE AT WORK	1 216. TIME OF INJURY HOUR A.M. MONTH P.M. 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, C	19 PAY YEAR 19 211 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18, P) CITY OR TOWN	NRT I OR PART 2) COUNTY STATE
L OR ATTEND the haspital and L DIRECTOR: A toched for use e Dept. of Heal		22a.1 certify that (1) (this bound sow the deceased alive an above, (1) (we) (did) (did) not 22b. SIGNATURE	th view the body after death,	DEGREE ATTENDING PHYSICIAN D	death occurred on the date and hour	19 79, that (I) (we) last and from the causes stated 22c. DATE SIGNED 1-27-79
TO HOSPITAL retained by H TO FUNERAL should be det with the Store	/		BERNSTEIN	1720 ADDRESS 3202 TAL	IEY RD, BAL	THORE, ND Z12/5
110 % BP		Burial, Cremation, Removal (SPECIFY) Burial	Jan 28/79	Chizuk Amuno, Arlin		
DHMH - 16 50M 1/76 (VR A 15 (4))	2	Sol. Levinson &	Bros. 6010 Re	ess eisterstown Rd 250. DAT	EB 1 1979	PAR'S SIGNATURE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-11872 - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME MIDDLE 20. DATE OF DEATH (TYPE OR PRINT) Lowe11 Godfrey Fried1v Jan. 1979 6. 4 RACE IF UNDER 1 YEAR 3 SEX DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) MONTH MONTHS DAYS HOURS Male White 18, 1911 June 67 years TO BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED XX NEVER MARRIED U.S.A. West Virginia Baltimore City, WIDOWED DIVORCED | 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12n USUAL OCCUPATION 12b, KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore 4219 Eldone Road 21229 Attendant Crown Petrolun DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION) 13e STREET ADDRESS 136 COUNTY 13c. CITY OR TOWN 138. INSIDE CITY LIMITS? Md. 4219 Eldone Rd. 21229 Baltimore YES XX NO [4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Godfrey Friedly Blanche Burch 166 SOCIAL SECURITY NO 17 INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? WWII Yes 203-12-8435 Beatrice T. Friedly, 4219 Eldone Rd. 21229 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0 Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? Item 18 shows NO YES [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 22a 1 certify that (1) (this hashital) attended the deceased from_ sow the deceased of and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE DEGREE ATTENDING MEDICAL TO FUNERAL Eshould be deta PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS Dr. Perezmera 5400 Old Court Road 236, NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION, REMOVAL 23b. DATE 1/10/79 Fairview Cem. Burial Balto., Md. 21229 | 250. DATE REC'D. BY REGISTRAR 250. REDISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DHMH - 16 50M 7/77 Eintrey Malneady (VR A 15 (4)) Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

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Fuka, Hilce STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE OF DEATH AKAS) ELIZABETH FUKA 2b. HOUR (TYPE OR PRINT) IA 8mm 3. SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH YEAR DAYS HOURS Female Caucasian Za. BIRTHPLACE ISTATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED COUNTRY) U.S.A. Maryland WIDOWED DIVORCED [BALTIMORE CITY O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h. KIND OF BUSINESS OR 120 USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY filed Housewife Home W. PRESTON ST., BALTIMORE, MARYLAND 21201 BALTIMORE ON MEMORIAL HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore St. Thomas Ave. 21206 1.503 Maryland 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME ond 2 s MIDDLE LAST MIDDLE LAST Pospisi] Sophie Hlavac Joseph 60 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) Lillian Charvat(dgtr)same as 13 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY VASCULAR DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (0), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 0 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? NOT YES [Mentol Hygi 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Hem MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION 0 AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 22a. | certify that (1) this haspital attended the deceased from and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated abave (li (we) did (did nat) view the bady after death 22h SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF old be deto PHYSICIAN DIRECTOR PHYSICIAN PHYSICIAN'S NAME TYPE OR PRINT) 22e ADDRESS MD 236 LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY COUNTY STATE (SPECIFY) Md. Burial Baltimore Faith Schimunek Funeral 250. DATE REC'D. BY REGISTRAR 256. REDISTRAR'S SIGNATURE DHMH - 16 50M 7/77 331 Brehms Balto.Md.21 Lane (VR A 15 (4)) Home.Inc.

STATE OF MARYLAND 79-00874 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 2a. DATE OF DEATH 26 HOUR 79 9 FUNN 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH 3 1905 Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED BALTO, CI WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY UNIV. M.D. HOSP USUAL RESIDENCE (IF NURSING NOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
13a STATE 113b COUNTY 113c, CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? 2708 Winchester St Baltimore 15 MOTHER'S MAIDEN NAME Cox UNN CATHERINE 166 SOCIAL SECURITY NO 17 INFORMANT Wilhelmina Funn S/A 213-03-7979 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) 12-24/1 OR AS A CONSEQUENCE OF PNEUMONIA DEB/LITATION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 20a AUTOPS

Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS tastatic 19a DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED

21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER)

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21d. INJURY OCCURRED

FOR

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TYPE OR PRINTS

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CERTIFICATION

MEDICAL

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Item 18

MPORTANT:

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REGISTRAR

TO BIRTHPLACE (STATE OR FOREIGN

BALTIMORE

Maryland

(YES, NO OR UNKNOWN)

Baltimore, Md

60 WAS DECEASED EVER IN U.S. ARMED FORCES

PART I. DEATH WAS CAUSED BY

JOSEPH

4 RACE

(IF YES, GIVE WAR OR DATES)

IMMEDIATE CAUSE 10

DECEASED NAME

21h. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M

(AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)

21e PLACE OF INJURY

211. LOCATION

IN CERTIFYING CAUSES OF DEATH? YES [NO F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

CITY OR TOWN

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STATE

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22a. (certify that (1) (this haspital) attended the deceased from NOV

236 DATE

ATTENDING **PHYSICIAN**

MEDICAL DIRECTOR PHYSICIAN 22c. DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OF PRINT

23t. NAME OF CEMETERY OR CREMATORY

DEGREE

22e ADDRESS

Arbutus Mem. Park

23d LOCATION Baltimore

COUNTY

COUNTY

Md.

BP DHMH - 16 50M 1/76 (VR A 15 (4))

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Burial 24 FUNERAL DIRECTOR

23a BURIAL, CREMATION, REMOVAL

1-6-1979 I. L. Brown & Son P. A. 1913 W. Baltimore St

BY REGISTRAR 256. REGISTRAR'S GIGNATURE



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20 DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) Melvin George Garvin 6:20Am 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS Male Negro MONTH 12 DAY 7 YEAR 2" 51 DAYS HOURS 72 hou Je. BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Barrimore Md. 0.5. WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUN DECLIPATION OF 12 INDUSTRIPE BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Batto, Mcl. Harbor Tunnell-Officer HOUSE IN The PINES USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? Md. 709 Radner Ave. Kalto. YES NO T 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Garvin MIDDLE Peter Bessie Jackson 160 WAS DECEASED EVER INU O ARMED HORCES ADDRESS 166 SOCIAL SECURITY NO. 17 INFORMANT Yes no or unknown) (IF YES, GIVE WAR OR DATES) 218-12-8650 e Rene GARVIN 709 Raylner AUX 21212 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH :Enter only one cause per line for (a), (b), and (c) IMMEDIATE CAUSE IQ OR AS A CONSEQUENCE O Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) DIVISION OF VITAL RECORDS, **IFICATION** 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? 20b. IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? NOT YES [NO F 21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 211. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE NOT WHILE AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we), did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING . MEDICAL should be deta with the State [PHYSICIAN PORECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS rote. A. Koch man 21208 1-5-79 230. BURIAL, CREMATION, REMOVAL (SPECIFY) BUTIAL 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Md. National Mem. Laurel 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH-16 50M 7/77 Herbert E. Nutter 3035 North Ave. (VR A 15 (4))

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME 2n DATE OF DEATH YEAR 2b HOUR TYPE OR PRINTI GAYLORD WILLIAM JANUARY 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE LIN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH YEAR Male 1923 Negro 10 70 BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED BALTIMORE CITY North Carolina WIDOWEDXX DIVORCED | NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY HOPK INS DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, M. RYLAND 2 20 Baltimore USUAL RESIDENCE. HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 00 13b. COUNTY 13c CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? Marvland 2047 East North Avenue Baltimore NO F 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE George Gaylord Hannah Moore 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) I (IF YES GIVE WAR OR DATES) 238-22-5649 Yes Vernice Moore Tampa. Florida APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c) PART I. DEATH WAS CAUSED BY: day IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate cause (o), stoting DUE TO, OR AS A CONSEQUENCE underlying cause alocess plea PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES T NOF 210. ASCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR Mentol MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 21d. INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 220.1 certify that (12) this hospital) attended the deceased from saw the deceased alive an. and that in (my) (aur) opinian death accurred on the date and haur and fram the causes stated obove, (1) (we) (did) (did nat) view the body ofter death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF should be deta FUNERAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS Brysl 2120 23a BURIAL, CREMATION, REMOVAL 231. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (SPECIFY) COUNTY Burial /15/79 Baltimore Co., Maryland King Memorial Park 24 FUNERAL DIRECTOR DHMH - 16 50M 7/77 ADDRESS (VRA 15 (4)) C. March F/H 1101 East North Ave

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l director, page 3	SE SE	M	Care.	S. DATE OF BIRTH		FUNDER I YEAR IF UNDER 24 HRS
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230	16a V	WAS DECEASED EVER IN U.S. ARMI	DDLE LAST YYY GEN EDPORCES? 166 SOCIAL SE	big Core CURITY NO. 17. INFORMANT	ADDRESS	Denver
physician and control pages? Pages I mayol.		YES, NO OR UNKNOWN) (IF YES, GIVE W	212	09.6536 Edwinn G	ferbig 119 Chery	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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ne burial-transit	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21a. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	DAY YEAR 19 211. LOCATION	IRRED (ENTER NATURE OF INJURY IN ITEM 18, PAI	COUNTY STATE
of Health and 21 is marked	W	WHILE NOT WHILE AT WORK 220.8 certify that (1) (his haspital sow the doceased alive an above, (1) (we) (did) (did nat).		n	, to 01-05-, 1 n death accurred an the date and hour	929, that (I) (we) last and from the causes stated
be detached State Dept.		226. SIGNATURE PST	RINTI	DEGREE ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	212. DATE SIGNED 01-08-79
should be det	23a.	P.S. PR	CASAD	300 /, 3 / F.	PANOUER BACT	
- 16 25M		SURIAL UNIERAL DIRECTOR MANE	1-10-79 1	LOUDON PACK CEI	ATE, REC'D. BY REGISTRAR 256. REGISTR	AR'S SIGNATURE
(VR A 15 (4)) 9/74	1	THRLEY FITT	6601 TK	D. HVE.		



79-00885 DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR 20. DATE OF DEATH 2b. HOUR L DECEASED NAME (TYPE OR PRINT) JACK HERMAN IF UNDER 24 HRS IF UNDER I YEAR 6 AGE (IN YEARS LAST BIRTHDAY) 4 RACE 3. SEX YEAR 30 BALTIMORE CITY OR COUNTY OF DEATH TE CITIZEN OF WHAT COUNTRY To BIRTHPLACE ISTATE OF FOREIGN MARRIED NEVER MARRIED COHNTRY BALTIMORE DIVORCED [WIDOWED 12b. KIND OF BUSINESS OR 12ª USUAL OCCUPATION NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HE NOT IN SUCH FACILITY, GIVE STREET ADDRESS! CLERK U.S. ARMY BALTIMORE South BALTIMORE GENERAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STREET ADDRESS , TH 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STATE 136 COUNTY AVE YES T 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE REDLICH MIDDLE FIRS1 HELEN ADDRESS 166 SOCIAL SECURITY NO. 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16TH AVE BALTO 21225 (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) 7823 310 1950-1952 YES APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: HROMBOEMBOLI IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF 14ROMBODHG Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO OR AS A CONSEQUENCE OF OBES, TY underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINANDISEASE OR CONDITION GIVEN IN PART 1(a) DIVISION OF VITAL RECORDS, CERTIFICATION 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? INFECTERTOF NAIL NO T YES 7 NO YES A 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) entol Hygi 21a. ACCIDENT WAS UNDERLYING 2) b. TIME OF INJURY 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 19 (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21f. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY COUNTY STATE CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 22a.1 certify that (I) (this hospital) attended the deceased from_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on above, (I) (we) (did) (did not) view the body ofter death. 22c. DATE SIGNED DEGREE STAFF MEDICAL ATTENDING be deto PHYSICIAN DIRECTOR PHYSICIAN should be det with the State IMPORTANT: 22e ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT) BALTIMORE GEN HOSP, RALTIMORE QUAISON-SACKE 236, NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23g. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) Md. Glen Burnie A.A. Glen Haven Mem. Pk Burial BP Balto 2122 4250, DATE REC'D, BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 25M George J. Gonce 4001 Rithcie Hgwy (VR A 15 (4)) 9/74

79-00885 1 12 77 9 THERMAL GETT WALE WHITE DO 24 30 AZUL YM YIJA BERTARA 1-34 Undantari Bushtalf rough Bashitself A A ST THE A ST THE ALL ALL C/M Mariati and VE - LIFE - 1932 TO A JESS RAF SAGE SAGES AND BALL SAGES AND SAGES LUCY A. A pinger note as . He moved here Severite L.A. Ceorge J. Conne 4001 Mitheis herr

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-00889

1	- STATE REGISTRAR			1.7/1 100	CERTIF	ICATE OF D	EATH	100	REG. NO.	1. 3.	U	00	0 3	
Ī	DECEASED NAME (TYPE OR PRINT)	FIRST		MIDDLE	L	AST		20. DATE OF	DEATH MO	NTH	DAY	YEAR	26 HOUR	R
L		JAMES	E	G.	GI	BSON			1		4	79	12:	50P
3	SEX		4 RACE	HAT THE	5 DATE C		bean.	6. AGE (INYE	ARS LAST BIRTHDA		IF UND	DAYS	IF UNDER	24 HRS MIN.
1	MALE		WHITE		MONTH 1	o lo	14	63	64	YRS.	MONTHS	DATS	HOURS	MIN.
7	O. BIRTHPLACE (STATE O	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER A	ADDIED []	9 BALTIMO	RE CITY OR	COUNTY	Y OF DE	ATH		
9	PRINCE FRE	DERICK	U.S.	Α.	WIDOWE	DXX DI	ORCED	· BA	LTIMOR	RE C	ITY			MD.
18	BALTIMORE	DEATH	(IF NOT IN SUC	HOSPITAL, NURSIN HEACILITY, GIVE STREET CAL CENT	G HOME C	R OTHER INST	ITUTION	120 USUAL C UYPE OF WORK REPAIR	CEUPATION FOR MOST OF W	VORKING LI	FE) IN	KIND O DUSTRY REFR	F BUSINE	SS OR
9	USUAL RESIDENCE (IF N 130 STATE MARYLAND	113h COUR	OTHER INSTITUTION, NTY EMORE	GIVE RESIDENCE BEFORE 13c. CITY OR TOW BALTIMO	N	13d. INSIDE C YES X	NO	13e. STREET A	ADDRESS Rosem	nont	Ave	nue	2120)6
2	4 FATHER'S NAME FIRST JAMES		MIDDLE	GIBSO	N SR.		MAIDEN NA/		SARAH		Ţ	ROBI		
9 1	60 WAS DECEASED EV			166 SOCIAL SECU	RITY NO.	17 INFORMA	NT	D 3 + 3	ADDRESS	,				
60	YES, NO OR UNKNOWN)	(IF YES, GIV	WAR OR DATES)	216-18	-5789	ELEAN	OR M.	TYLER	SAME	AS	1₿e			
	Canditians, if a gave rise to cause (a), strunderlying ca	iny, which immediate ating the use last.	D BY: TE CAUSE (a) DUE TO, O (b) DUE TO, O (c) CONDITIONS CO	R AS A CONSEQUE	NCE OF						VEN IN	PART 1(c		
2	19a DATE OF OPE	RATION	196 CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AUTO		N CERTI	FYING		OF DEAT	H?
	19a DATE OF OPE 17a. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER, NOTIFY MI	CAUSE OF DE	HOUR A.	M. MONTH DA	Y YEAR	21c. HOW IN	JURY OCCURE	YES	NO KK		PART 1 OF	PART 2)	NO [
	VHILE NO	URRED	21e PLACE ((AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211. LOCATIO STREET	N		CITY OR TOWN		col	UNTY	ST	ATE
			tal) attended th JANUAR view the bady	e deceased fram	79, ar	BER 26, and that in XX	., 19 <u>.78</u> (aur) apinian (NUARY d an the date		ur and f			
	7	Nich	000 D	, who	UN	A	TTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAL	N XX		1/4/		
1	22d PHYSICIAN'S	helle	R PRINT)	MD		220 ADDRES 3900	LOCH 1	RAVEN E	BLVD. I	BALT	O.MI). 2	1218	
3	30. BURIAL, CREMATIC	N, REMOVAL	JAN 8,			EMETERY OR C	CEM		STOW	C	COUNT		STA	YD.
	4 FUNERAL DIRECTOR	?					75n DAT	F REC'D BY RE	EGISTRAR 251	REGIST	TRAR'S	SIGNAT	MRE	

PORTS REPUBLIC, MD.

DHMH - 16 50M 7/77 (VR A 15 (4))

DONALD V. BORGWARDT

DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20. DATE KNOWN X MONTH 2b. HOUR (TYPE OR PRINT) OF ESTI-JAMES H. 19 79 GIBSON 4 RACE A AGE (IN YEARS 3 SEX 5 DATE OF BIRTH IF UNDER 24 HRS M. HORIR DATE LAST BIRTHDAY PRONOUNCED Male White P 28 Dec. 9, 1950 YPS 1979 To BIRTHPLACE (STATE OR 75. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH FUNERA 5 FOR MARRIED NEVER MARRIED FOREIGN COUNTRY Separated Baltimore City Marvland II.S WIDOWED FILED, O CITY OR TOWN OF DEATH 128. USUAL OCCUPATION (TYPE OF WORK 1128. KIND OF BUSINESS Internationa. 2 Hermosa Avenue Baltimore Gen. Helper 8 Paper Co. VITAL/RECORDS USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) SHOULD 1136 COUNTY 13d. INSIDE CITY LIMITS? 13a. STATE 13c. CITY OR TOWN 13e STREET ADDRESS Baltimore Maryland Hermosa Ave. 21214 NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MA LAST AND Carolyn James H. Gibson. Schmidt FORM 160, WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO DIVISION (YES, NO, OR UNKNOWN) PAGES 216-54-6568 Carolyn J. Gibson (mother) same as No CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Acute methodone intoxication ALONG MENTAL HYGIENE, OR REMOVAL. IMMEDIATE CALISE (a) DUE TO, OR AS A CONSEQUENCE OF BURIAL-TRANSIT Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. CREMATION, O PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) MEDICAL CERTIFICATION USED 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? 9 DEPARTMENT OF YES X NO [BE 21a, EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 DIVISION OF SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED 21f. LOCATION FORWARDED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK TATE X EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion R DEATH, WITH THE Natural causes death resulted from Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL Deputy Chief 1/8/79 SIGNATURE THOMAS D. SMITH, M.D.. 111 Penn Street EXAMINER'S NAME TYPE OR PRINT 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE Baltimore, Burial Md. Gardens of Faith 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE "Schamunek Funeral ADDRESS 331 Brehms Lane **DHMH-17** (VR A15 ME (5)) Balto Md. 21213 Home Inc. 30M 7/73

STATE OF MARYLAND

Items #10-228 FILL UDED DIO

STATE OF MARYLAND

ł	FOR STATE REGISTRAR	DEPART		IEALTH AND MENTAL HYGI	ENE REG. NO	79-01	089	1
h	1. DECEASED NAME FIRST	WIDDLE		IAST		MONTH DAY	YEAR	26 HOUR
ı	WILL!	E	GI	BSON		1 14.	1979	10 35 am
ı	3. SEX	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTI		DER I YEAR	IF UNDER 24 HRS
t	Male	Negro	MONTH 7	10 1936	42	YRS	DAYS	HOURS MIN
1	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	? 8	D NEVER MARRIED 1	9 BALTIMORE CITY O	R COUNTY OF D	EATH	
	South Carolina		WIDOWE	D DIVORCED	BALTIMORE	CITY	Fig. 1	MD
1	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS I		OR OTHER INSTITUTION	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST OF		L KIND OF	F BUSINESS OR
1	BALTIMORE	UNION MEMORIA		PITAL				
ł	USU AL RESIDENCE (IF NURSING HOME OF 130. STATE 13b. COUR			13d INSIDE CITY LIMITS?	13e STREET ADDRESS			
4	Maryland	Baltin	nore	YES NO	2322 Gui	lford	Aven	iue
4	14 FATHER'S NAME FIRST	MIDDLE LAST		15 MOTHER'S MAIDEN NAM	MIDDLE		LAST	r
4	Joe	Hamme		0re		Gibs	on	73.22
ľ	160 WAS DECEASED EVER IN U.S. AR (YES NO OR UNKNOWN) (IF YES, GIV	(E WAR OR DATES)		17. INFORMANT	ADDRE			
L	NO	261-66-	-1133	Queen Powel	.1 2322 Gu	ilford		
ı	18 CAUSE OF DEATH (Enter on	nly ane cause per line far (a), (b), a	ind (c).	01.11.			BETWEEN	MATE INTERVAL ONSET AND DEATH
ł		TE CAUSE (a) TEATHER	u lier-	Tibliche This	_			
1	431-	DUE TO OR AS A CONSEQU	1 1	/ . / /		441		
I	Conditions, if any, which gave rise to immediate	1 Severe	MYra	Cerebras L	enca fonce			
I	cause (a), stating the underlying cause last	DUE TO, OR AS, A CONSEOU	/ 1	1-10				
1	PART 2 OTHER SIGNIEICANIT	CONDITIONS CONTRIBUTING TO		NOT BELATED TO THE TERMI	NAL DISEASE OF CONI	DITION GIVEN IN	DART 1/a	
ı		CONDITIONS CONTRIBUTING TO	ZDEATH BOT	NOT RELATED TO THE TERMI	ITAL DISEASE ON COINE	JITON ONEN II	r AKT TO	
1	NO 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WER	E FINDIN	GS USED
ø	H				YES TI NO TO	IN CERTIFYING YES	CAUSES	OF DEATH?
1	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	VEAR	21c. HOW INJURY OCCURRI	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 O	R PART 2)	
1	OR CONTRIBUTING CAUSE OF DE.	AIR	DAY YEAR					
l	OR CONTRIBUTING CAUSE OF DE.	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	EADM ETC.)	211 LOCATION	CITY OR TOW	vn cc	YTNUC	STATE
1	WHILE AT WORK AT WORK	(ATTIONE, STREET, FACTORI, OFFICE,	, 1 MAPG ETC.)					91416
ı		ital) attended the deceased from.		1/13 19 79	_, to			that 👉 (we) last
ı	saw the deceased alive on above, (1) (we) (did) (did)	n1919	77.0	nd that in (myt (our) opinion d	leoth occurred on the do	ate and hour and	from the d	causes stated
l	226. SIGNATURE	Y11 / _	1	DEGREE	MEDICAL STAF		22. DATE	SIGNED
1	Joy 190 /2	19tu font	It	PHYSICIAN	DIRECTOR PHYSIC		1/10	1/79
1	224 PHYSICIAN'S NAME (TYPE O	OR PRINT)		22e ADDRESS			1	
1	JOSEPH D'AN			UNION MEMO	RIAL HOSPIT	AL		
	230 BURIAL, CREMATION, REMOVAL (SPECIFY)			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNT	ΙΥ	STATE
1	Burial	1/19/79 B	Baltin	nore Cemeter	Baltim	ore, Ma	ryla	and
	24 FUNERAL DIRECTOR	ADDRESS	TO B	10	REC'D. BY REGISTRAR	ZSO. REGISTRAR'S	SICHATI	Cready
1	Wm. C. March	F/H 1101 Eas	t Nor	th Ave. JA	14 - (13/3	- /	- 7	

DHMH - 16 50M 7/77 (VR A 15 (4))

IMPORTANT: If Item 21 is morked or Item 18 show

C. March F/H 1101 East North Ave

13-0	Calle to a spanied exer-	
	100000	antity
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darrieon a trocks	n solini di ancie	.q.e (olazaki'o rusa).

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-00892 - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE OF DEATH TYPE OR PRINT January 27. 1979 3 SEX 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) DAYS 1941 March BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED COUNTRY Georgia U.S.A. Baltimore City WIDOWED IN CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore TYPE OF WORK FOR MOST OF WORKING HEE Provident Hospital W. PRESTON ST., BALTIMORE, MARYLAND 21201 Housewife JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION; GIVE RESIDENCE BEFORE ADMISSION)
30. STATE 1136 COUNTY 134 CITY OR TOWN 138 STREET ADDRESS Maryland 21 North Fremont Ave. Baltimore 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST John Albert. Washington Johnny unknown 160 WAS DECEASED EVER IN U.S. ARMED FORCES 16h SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) no Barbara Ann Gilbert/3709 Colborne Rd. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE AS A CONSEQUENCE OF HOSTS OF LIVER Conditions, if ony, which gove rise to immediate couse (o), stoting DIVISION OF VITAL RECORDS, 201 NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/D CERTIFICATION 20g AUTOPSY 20b. IF YES, WERE FINDINGS USED ä IN CERTIFYING CAUSES OF DEATH? 18 sho 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH MEDICAL LIF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INIURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE WHILE NOT WHILE 22a 1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on. , and that in (my) (our) opinion death occurred on the date and hour and from the couses stated obove, (1) (we) (did) (did not) view the body ofter death should be detached with the State Dept. DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 234. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23d. LOCATION COUNTY Mt. Calvary Burial Feb. 2, 1979 Baltimore Maryland 24 Marshallow. Jones, Jr. Funeral Home DHMH - 16 50M 1/76 (VR A 15 (4)) Purnell B. Oden/4101 Edmondson Ave./Balto. Md

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral directives should be detached for use as the busial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

injury, or other troumotic event, th

MPORTANT: If Item 21 is morked or Item 18 shows

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH

79-00893

1 D	CEASED NAME FIRST	MIDETE	/ T LAST	2n DATE	OF DEATH MONTH	DAY YEAR 26 HOUR	
{TYF	E OR PRINTS	1	Gilbert	20. DAIL	OI DEATH	1 - 1 - 1 3 -	0
	60/E/14	01	Priper		1	112/79 6.01	M
3 SI	2	RACE &	5 DATE OF BIRTH		IN YEARS LAST BIRTHOAY)	IFUNOER I YEAR IF UNDER 24 H	_
	temale.	white	MONTH DAY	94 84	V.D.		VIV.
70 E	IRTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUN	TRY? 8	9 RAITI	MORE CITY OR COUN		-
	COUNTRY)	11 6 4	MARRIED L NEVER N	AARRIED U			
1	aruland.	U.S.A.		ORCED A Ba	Ltimore (i	tu	MD.
10 (TITY OR TOWN OF DEATH	. NAME OF HOSPITAL, NU ~ (IF NOT IN SUCH FACILITY, GIVE S	JRSING HOME OR OTHER INST		AL OCCUPATION VORK FOR MOST OF WORKING	12b. KIND OF BUSINESS GLIFE) INDUSTRY	OR
1 6	altimore (.Av. Nursing ce		mstress	G (IFE) INDUSTRY	
USU	IAL RESIDENCE (IF NURSING HOME OR OT					м	-
130	STATE 136 COUNTY	13c. CITY OR	TOWN 134. INSIDE CI	11	ET ADDRESS	ormenly of	
_	anuland Coward	10. Illic	ott city YES [NO 1 941	O loen An.	llicott litu	
14 F	ATHER'S NAME FIRST MIDI	DIE - IACE		MAIDEN NAME	MIDDLE	0	
9	james			Tattie	MIDDLE	Sanders	
160	WAS DECEASED EVER IN U.S. ARME	D FORCES? THE SOCIAL	SECURITY NO. 17. INFORMAL	NT	ADDRESS		-
	(YES, NO OR UNKNOWN) (IF YES, GIVE WA		The same of the sa			-,	
	No	212-0	15-9×63 In. il	liam R. Gilb.	ert, rame a	s above	
	18 CAUSE OF DEATH (Enter only of	one couse per line for (g), j	ri, ondic // Li	11 -1	1 .	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA	ÁTH
	PART I. DEATH WAS CAUSED B	74	ancoleratio	Hound	de se a so		75
	111111 IMMEDIATE		111150	11-0701			
	7/74	DUE TO, OR AS A CONS	EQUENCE OF				
	Conditions, it ony, which gove rise to immediate	(b)					
	couse to stating the	DUE TO, OR AS A CONS	EQUENCE OF				
	underlying couse last	(6)					
	PART 2 OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING	TO DEATH BULLIOT RELATED	TO THE TERMINAL DISE	ASE OR CONDITION	GIVEN IN PART 1(a)	_
Z	De al Co	1/2 2	Quilal Da		7.02 0.1 0.1 0.1		
CERTIFICATION	19a DATE OF OPERATION	10 CONDITION FOR WI	HICH OPERATION WAS PERFOR	Hection 1200 Al	UTOPSY? 20b. IF	YES, WERE FINDINGS USED	
Ü	THE DATE OF OFERATION	170 CONDITION ON VVI	TICH OF ERATION WAS FER OF	700 A		RTIFYING CAUSES OF DEATH?	
Ī				YES		YES NO	
U	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH	21c HOW IN.	JURY OCCURRED (ENTER	NATURE OF INJURY IN ITEM	B, PART 1 OR PART 2]	
1	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19				
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATIO	N			
A.	WHILE O NOT WHILE O	(AT HOME, STREET, FACTORY, OF			CITY OR TOWN	COUNTY STATE	
	AT WORK AT WORK						
1	220 I certify that (I) (this hospital)	ottended the deceased fr	om /2-30	_, 19 <u>78</u> , to	1-12	_, 19.79, that (t) (we)	lost
	saw the deceased alive an above, (1) (we) (did) (did not) y	1-12	19 79 , and that in (my)	(our) opinion death occu	rred on the date and i	hour and from the causes stated	d
	276. SIGNATURE	newithe body offer death.	DEGREE			22c. DATE SIGNED	_
	Margal	KID	4 / 1	TTENDING _ MEDIC	AL STAFF		
1	- young				OR PHYSICIAN		
	22d. PHYSICIANS NAME (TYPE OF PR	INI	22e ADDRESS	11 110-	M. or	R 1+1	11
	RIO. CRO	75 LEY	1936	· W · NOZ	10	e (wello 14	7
230	BURIAL CREMATION, REMOVAL	23b. DATE	23¢ NAME OF CEMETERY OR C	DEMATORY 1234 IC	CATION		_
200.	(SPECIFY) O . /	CO. DATE	TO THE OF CEMETER ORC	CI CI	TY OR TOWN	COUNTY STATE	
		17 1070	1 - 1/1	1 /3	1,,	0.0	
	Durial	Jan. 17, 1979	Lorraine Park	ent. Pa	ltimore (o.	Manuland	
24. 1	UNERAL DIRECTOR		Lorraine Park t Ave. Balko. Md.	250. DATE REC'D. B	timore (0. Y REGISTRAR 256 REG	Manuland	

DHMH - 16 50M 7/77 (VR A 15 (4))

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) Walter Gindlesperger. Louis Jr. January 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH YEAR DAY DAY5 HOURS Male White 1979 BIRTHPLACE STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED COUNTRY U.S.A. Maryland WIDOWED Baltimore DIVORCED | IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Baltimore The Johns Hopkins Hospital DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 DSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
130. COUNTY
131. CITY OR TOWN Apt.A-1 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Baltimore Dundalk 1610 Four Georges Court YES [NO X 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Sr MIDDLE puo Badders Walter Louis Gindlesperger Victoria Lynn 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 1610 Four Georges Ct., Apt.A-1 16b SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) Walter L. Gindlesperger-Balto. 21222 No None APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: ON SEQUENCE OF MONON Canditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 Ď 0 20b. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? à IN CERTIFYING CAUSES OF DEATH? NO [he buriol-transit p 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION 50 (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive an _, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body ofter death should be detached with the State Dept DEGREE MEDICAL ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT. 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE Baltimore Maryland Holly Hill Cem. Burial BP. 24 FUNERAL DIRECTOR Duda-Ruck, Inc. 250. DATE REC'D. BY REGISTRAR 256. TEGIS PAR'S DHMH - 16 50M 7/77 (VR A 15 (4)) 7922 Wise Avenue, Dundalk, MD 21222

9	1 - STATE REGISTRAR		FICATE OF DEATH	REG. NO.	00895
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deom.	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Lithuania	76. CITIZEN OF WHAT COUNTRY? 8 MARRIE WIDOWI	D NEVER MARRIED DIVORCED	BALTIMORE CITY OR COU	
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filled in nould be	Manyland An	ome or other institution, give residence before admission) county ine Arundel Baltimore	13d. INSIDE CITY LIMITS?	138706 Algh Poi	int Rd. 21226
ompletely ond 2 s	14 FATHER'S NAME Unknown	MIDDLE Krasowska	15 MOTHER'S MAIDEN NAME FIRST Unk	ME MIDDLE	LAS7
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os the ord M	AT WORK AT WORK		21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
ECTOR: /	sow the deceased all above, \(\psi\) (we) (did) (not view the body after death.		death occurred on the date and	hour and from the couses stated
detoche Stote Dep	DR Barl Med	h Sr.	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
should be det with the State IMPORTANT:	22d PHYSICIAN'S NAME	Fi Mich, Sr., M.D.	900 S. CAT	ON AVE-BALTO	
BP	230. BURIAL, CREMATION, REMO (SPECIF) Burial		emetery or crematory ven Mem. Park	GLen Burnies	Anne Anne J. Md.
- 16 60M 1/75 R A 15 (4))	Mc Cully F.H.M	tn. & Tick Neck Rds.; Pase	21122 250. DATE	9 1979	THE WAR WAR THE

STATE OF MARYLAND

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he funeral dire within 72 haur

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carban papers. Pages I and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

OR ATTENDING PHYSICIAN: The law

TO HOSPITAL

etained by the haspital ar attending physician

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within 24 haurs after

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	- STATE REGISTRAR		OLI AK	CERTIF	ICATE OF DEATH	REG. N	UUOS		
	CEASED NAME OR PRINT!	EYINE	rine GIV	B. NS	Givens	2a. DATE OF DEATH	MONTH DAY	79 79	26. HOUR
3. SE	X	4 RACE	7	S. DATE C		6. AGE (IN YEARS LAST BIRT		DER TYEAR	IF UNDER 24
Fe	emale	Wh	ite	MONTH 7	7 1902	76	YRS.	HS DAYS	HQURS M
7a BI	IRTHPLACE ISTATE OR FOR	EIGN 7h. CITIZE	N OF WHAT COUNTRY	? 8.		9. BALTIMORE CITY O		DEATH	
FÍ	orida		U. S. A.	MARRIEI	DINEVER MARRIED L		more Ci		
	ITY OR TOWN OF DEAT		AE OF HOSPITAL NURS		- 0.0	12a. USUAL OCCUPATI			F BUSINESS
1	Baltimore	(IF NC	Saltimore Ci		spital	(TYPE OF WORK FOR MOST OF Waitress		NDUSTRY	
130. 9	AL RESIDENCE (IF NURSIN STATE Tyland	Baltimor	13c CITY OR TOY Dundal	WN	13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 7823 W.	Colling	ham I	rive
14. FA	ATHER'S NAME				15. MOTHER'S MAIDEN NAM	ME			
1	Jonah	WIDDLE	Don man		Alef	MIDDLE		Down	lant _
16- 1	WAS DECEASED EVER IN	VIIS APARED FOR	Bourne		17. INFORMANT	ADDRE	55158 Wo	odhin	e Rd
(°		(IF YES, GIVE WAR OR DA			John J. Give			Pa.	
NO	Canditions, if ony, gave rise to imme cause (a), stating underlying cause	which ediate the last.	TO, OR AS A CONSEON TO, OR AS	UENCE OF	venal facil	INAL DISEASE OR CON	DITION GIVEN I	N PART 1(c	31
CERTIFICATION	19a. DATE OF OPERATI	ON 19b.	CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WE IN CERTIFYING		
	2 to, ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICAL	AUSE OF DEATH HO	TIME OF INJURY OUR A.M. MONTH I	DAY YEAR	216. HOW INJURY OCCURE			OR PART 2)	
MEDICAL	21d INJURY OCCURRE WHILE NOT WHI AT WORK AT WOR	LE C	PLACE OF INJURY HOME, STREET, FACTORY, OFFICE	FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	WN C	YTHUO	STATE
	220.1 certify that (I) (this hospital) atten	nded the deceased from			, to	. 19_		that (I) (we
1	spw the deceased	d alive on	e body ofter death.	, ar	nd that in (my) (aur) apinion	death occurred an the d	ate and haur and	d from the	causes state
1	226. SIGNATURE	R. (1	atsy (3 Qu	DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE 1/4	1
	22d. PHYSICIAN'S NA	R. K	ATSY (Riley	Balto. C	City Hospita	al, Balt	o. Md	
23a.	BURIAL, CREMATION, R	REMOVAL 236. D.			Lawn Memorial	23d. LOCATION CITY OR TOWN Ma:	rriottsv	ille,	Md.
	Ouda-Ruck,	Inc. 7922	2 Wise Ave.	Dunda	1k, Md. 250. DAT	REC'D. BY REGISTRAR	25b. RESISTRAR	SSIGNAT	ready

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

79-00897			
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STATE OF MARYLAND 79-11898 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH 1. DECEASED NAME Gordon Chalmer GTatze1 TYPE OR PRINTI January 19. 1979 page 3 SORONY IF UNDER I YEAR IF UNDER 24 HRS 6 AGE (IN YEARS LAST BIRTHDAY) 4 RACE 5 DATE OF BIRTH 3. SEX MONTHS DAYS White Male 16.1915 Feb. 9. BALTIMORE CITY OR COUNTY OF DEATH TH CITIZEN OF WHAT COUNTRY To BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED City Maryland IISA WIDOWED DIVORCED [126. KIND OF BUSINESS OR 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION IN CITY OR TOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

O. Balto. Gen 1 Baltimore City Police Lineman USUAL RESIDENCE | F NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE | 136 COUNTY | 131. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Linthicum AA 306 West Oakdale Road Maryland NO K 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME N MIDDLE MIDDLE Violet Glatze1 Sears August ADDRESS 17 INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. Same as (IF YES, GIVE WAR OR DATES) LYES, NO OR UNKNOWN) Mrs. Ann E. Glatzel (wife) 219.28.4535 WW II Yes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE ID Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CERTIFICATION 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOF YES [NO I Hygi 21a, ACCIDENT WAS UNDERLYING 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 216 TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH 19 (IF EITHER, NOTIFY MEDICAL EXAMINER) 211, LOCATION 21s. PLACE OF INJURY 21d. INJURY OCCURRED ò COUNTY STATE CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 220.1 certify that # (this hospital) attended the deceased from, and that in (my) (aur) apinion death accurred on the date and haur and from the causes stated saw the deceased alive an. above, (I) (we) (did) (did not) view the body after death. 22c DATE SIGNED 22h SIGNATURE DEGREE STAFF ATTENDING MEDICAL be deto DIRECTOR PHYSICIAN FUNERAL old be deto PHYSICIAN MPORTANT 22e ADDRESS 224 PHYSICIAN'S NAME (TYPE ORDEINT) Baltimore Gen'l Hospital 0 23d LOCATION 234 NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE STATE COUNTY Burial Jan. 22, 79 Parkwood Cemetery Baltimore 24 FUNERAL DIRECTOR intrestrationals 200 porquel DHMH - 16 25M Singleton Funeral Home, Glen Burnie, Md. (VR A 15 (4)) 9/74

.alt. tro 60. Balto, Jen'l 18sp. Lineman Cluy Polic Mr 21 (219.28.4539 nrs. Acr S. Glatael (wife) Sangla And Land one Asial to Titlewest Jan. 22, "The Washington Countries william to the west time

strateton Euneral No. w. Slop Jurnie, 121. . Lett. 2 1979



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 2a. DATE OF DEATH (TYPE OR PRINT) 3 SEX 5. DATE OF BIRTH IF UNDER LYFAR MONTH QAY5 TO BIRTHPLACE ISTATE OR FOREIGN LOUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED | IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17a USUAL OCCUPATION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) Baltimore Sinai Hospita USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDOLE LAST Frazier Goode Goode. Amelia 60 WAS DECEASED EVER IN U.S. ARMED FORCES ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT I (IF YES, GIVE WAR OR DATES) Ruth Goode 2207 Linden Avenue No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse lol, stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT WELL RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) FOR WHICH PERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 21n ACCIDINT WAS UNDERLYING 216. TIME OF INJU 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 HOUR A.M. MONTH YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK 22a I certify that (1) This hospital attended the deceased from sow the deceased plive on and that in (m) opinion death occurred on the date and hour and from the causes stated DEGREE 22c DATESIGNED ATTENDING MEDICAL FUNERAL uld be deto PHYSICIAN DIRECTOR PHYSICIA MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRES 0 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN Arbutus Mem. Park Arbutus, 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 7/77 ADDRESS (VR A 15 (4)) C. March F/H 1101 East North Ave.

79-00900

PHYSICIAN: The

retained by the haspital or attending physician OR ATTENDING

4 moy be

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygene priar to burial, cremation, or remayal.

STATE OF MARYLAND FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

79-00901

-	, REGISTRAR		CERTIFICA	TE OF DEATH	REG. N	0.		
	ECEASED NAME FIRST	MIDDLE COODY I A A	LAST		2a DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
	WILI	JIAM Q GOODHAN	עו			1 6	3 79	6.58 /m
3 SE	X	4 RACE	5. DATE OF BI	DAY YEAR	6. AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	HOURS MIN.
4	Male	White	Oct 2	7, 1902	76	YRS.	JAN S	THE COURT OF THE C
Ja. B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED X	NEVER MARRIED	9. BALTIMORE CITY O		OF DEATH	
	Maryland	U. S. A.	WIDOWED					м
10. C	BALTIMORE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, UNION MEMORI	ADDRESS) LAL HOSE	1.	Office Ma	F WORKING LIFE	12b. KIND OF INDUSTRY	BUSINESS OF
13a M	aryland 136 COUN	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 134. CITY OR TOW Baltimor	N 13d.	INSIDE CITY LIMITS?	13e STREET ADDRESS 1406 Loch	ner Rd		
14. F	Christopher	MIDDLE Goodhand	15.	MOTHER'S MAIDEN NAM	WIDDLE	Si	LAST	
	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	RITY NO. 17	INFORMANT	ADDRE		HILITOILD	
((YES, NO OR UNKNOWN) (IF YES, GIVI	216-03-	2453 M	rs Sara Goo	dhand	Sam	10	
	18 CAUSE OF DEATH (Enter on	nly one cause per line for (a), (b), and		1 41	3		APPROXIM BETWEEN O	MATE INTERVAL NSET AND DEATH
	PART 1. DEATH WAS CAUSE	D BY. TE CAUSE (0)	bewe	e Heart) work		410	
	4149		NCE OF				1	
	Conditions, if any, which	DUE TO, OR AS A CONSEQUE	INCE OF				1 (10)	
	gave rise to immediate	DUE TO, OR AS A CONSEQUE	NCE OF					
	underlying cause last.	DUE TO, OR AS A CONSECUE	INCEOF				1	
	PART 2. OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT	RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 1(o	1
ON N								
CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION W	AS PERFORMED	20a AUTOPSY?	20b. IF YES, IN CERTIFY	WERE FINDING	OF DEATH?
- E		The Thirt of hillips	101	How willing occurr	YES NO	YES		NO 🗆
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	216. TIME OF INJURY HOUR A.M. MONTH DA		t. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	RY IN ITEM 18, PAI	RT 1 OR PART 2)	
ICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)		19	LOCATION				
MEDI	21d. INJURY OCCURRED WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F		STREET	CITY OR TOV	VN	COUNTY	STATE
	AT WORK			70			70,	Partition.
	22a. I certify that (I) (this haspi saw the deceased alive an	tol) ottended the deceased from	19 /	, 19	, to			hat (I) (we) la
	abave, (1) (we) (did) (did ne	t) view the body ofter death.		ot in (my) (aur) opinion o	seath accurred on the de	ote and haur		
1 -5	226. SIGNATURE	ufan	DEG	ATTENDING	MEDICAL _ STAI	F F	22c. DATE S	IGNED
6	01 4	Y	100	PHYSICIAN E	DIRECTOR PHYSIC	IAN 🗌	1/10	///
1	226 PHYSICIAN'S NAME (TYPE O	Find	1600	ADDRESS 158	BIDDLE	ST	BANTIM	ci2/2 11
	BURIAL, CREMATION, REMOVAL	11.1.		TERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
-	Burial	1/13/79 0	rumpton		Crumpton REC'D, BY REGISTRAR			polis.
24. 1	UNERAL DIRECTOR	Ruck Inc. Baltim	0.000 M-	- Tun-	121979	"Holysia	AND SOLOHO	WE .
	Leonard J	Ruck Inc. Baltim	ore, Ma	ryrand Jhi	1			

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

FOR - STATE

er must be notified at once.

injury, or other traumotic event, the

IMPORTANT: If them 21 is morked or them 18 shows any

DHMH - 16 50M 7/77 (VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-00902

	REGISTRAR					ICATE OF DEATH	REG. N	Ο,			
	DECEASED NAME	FIRST		MIDDLE		LAST	20 DATE OF DEATH	MONTH D	AY YFAR	26 HOUR	
,	France		ces			in	January 1	, 1979	7:00p		
3.			4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIRT	_	IF UNDER 1 YEAR		
	Female		Negroi	d	MONT	1-16-1890 YEAR	88	YRS.	ONTHS DAYS	HOURS MIN	
70.	BIRTHPLACE ASTATE ORE	OREIGN	USA	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED	9 BALTIMORE CITY O		OF DEATH		
10	CITY OR TOWN OF DE	ATH	(IF NOT IN SUC	HOSPITAL, NURSING THE FACILITY, GIVE STREET A	G HOME (OR OTHER INSTITUTION	126 USUAL OCCUPATION OF WORK FOR MOST OF	ON		OF BUSINESS C	
13	SUAL RESIDENCE (IF NUR	13b COUN		BALLO .		13d. INSIDE CITY LIMITS? YES A NO	13-19REW AZOES	St.			
d 14	FATHER'S NAME FIRST	A	AIDDLE	LAST		Georgianna I			₹A	ST	
160	D. WAS DECEASED EVER (YES, NO OR UNKNOWN)		WED FORCES? WAR OR DATES)	219-30-83		Rose Wright (Cousin 2328		r St.		
F	18 CAUSE OF DEAT	H (Enter on	y one couse per	fine for (a), (b), and	lc i				APPRO!	XIMATE INTERVAL	
	PART I. DE ATH V	AS CAUSE	E CALISE (G)	Retroperi	tonea	l Hemorrhage					
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	Conditions, if any	which				Perforation					
	gove rise to imi	nediote)			CIRCIACION		100			
	underlying cause		DUE TO, O	R AS A CONSEQUE	NCE OF						
	PART 2 OTHER SIG	MIEIC ANIT C	ONDITIONS CO	DAITE PRINTING TO C	E ATH BUT	NOT RELATED TO THE TERM	INIAL DISEASE OR COL	DIVIONI COM	NI INI DADY 1		
Z		VIFICANI C	_			ic Cardiovascu			IN IN PARI I	101	
CERTIFICATION	19a. DATE OF OPERA	TION				N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY	WERE FIND	INGS USED S OF DEATH?	
	OR CONTRIBUTION TO	CAUSE OF DEA	216. TIME O HOUR A.	M. MONTH DA	Y YEAR	71c. HOW INJURY OCCURE					
MEDICAL	21d. INJURY OCCUR WHILE NOT WAT WORK	RED	21e. PLACE			211 LOCATION STREET	CITY OR TOV	νN	COUNTY	STATE	
	sow the deceos abave, X (we) (this haspited alive an	al) attended the Januar i	e deceased from 4 1 1 after death.		nd that in (Wy) (our) opinion o	to January	, ,		that (XXve) la	
	22b. SIGNATURE	ian	E. L	M		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF HAN K K	27c. DAT	-79	
					W-1	22e. ADDRESS					
	224 PHYSICIAN'S N. Adrian			. 0		c/o Marylan	d General H	ospita	al		

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3	1	FOR STATE REGISTRAR		DEPART		ALTH AND MENTAL HY	GIENE		0904	
		CEASED NAME FIRST		MIDDLE	LAS	T	2a DATE	, REG. NO.	TH DAY YEAR	2b HOUR
e e e	TYF)	E OR PRINT)	Mildre	ed J.	GOTTM	AN	1	22 79		1250
è (le	3 SE	×	4 RACE		S. DATE OF		6 AGE (IN	YEARS LAST BIRTHDAY) IF UNOER 1 YE	
4 65		Female	Whi	ite	Apr.	19, 1902		76	YRS.	YS HOURS MIN
Page hour	₹b. 8	IRTHPLACE STATE OF FOREIGN		WHAT COUNTRY?	8	NEVER MARRIED	9. BALTIM	ORE CITY OR CO	OUNTY OF DEATH	
uneral hin 72	2	Maryland	US	SA	WIDOWED		The state of	LITTMORE	CTTV	٨
Fied with	10 C	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OTHER INSTITUTION	12a USUA	L OCCUPATION ORK FOR MOST OF WO	12b. KINI	D OF BUSINESS O
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24 hour filled in auld be	130	AL RESIDENCE (IF NURSING HOME O STATE 136 COU	R OTHER INSTITUTION	N, GIVE RESIDENCE BEFOR 13c. CITY OR TOW Balto		34 INSIDE CITY LIMITS?	13e STREE	T ADDRESS	idge Ro	
rely f	14. F	ATHER'S NAME				5. MOTHER'S MAIDEN N) lumbi	Take No	au
omple onde	1	William	J.	Adam	01	Mary		MIDDLE	010	onnell
xec dico	160	WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (IF YES, GA	PMED FORCES? VE WAR OR DATES)	166 SOCIAL SECU		7. INFORMANT	T A 3	ADDRESS		
s. Po		NO		219-40-5	181	Mr. John 1	V. Ada	ım	Sam	ROXIMATE INTERVAL
uires that the death ce igned by the attendin en please remove coth buriol, cremotion, or try, or ather traumatic		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	(b) DUE TO, C	DR AS A CONSEOU	ence of	OT RELATED TO THE TER	MINAL DISE	SE OR CONDITION	ON GIVEN IN PART	I l(n)
The The	CERTIFICATION	TANY 2 GIVEN SIGNAL CANA	201101110110	.0111100111010	DEATH BOTT	OT RELATED TO THE TER	MITALDISEA			
No of France	N S	190 DATE OF OPERATION	196 CONE	DITION FOR WHICH	OPERATION	WAS PERFORMED	20a AU		b. IF YES, WERE FIN CERTIFYING CAUS	
20 00	T E						YES [NO X	YES 🗌	NO 🗆
Z % 0 0 £ 8	1	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE		OF INJURY L.M. MONTH D	AY YEAR	21c. HOW INJURY OCCU	RRED (ENTER	NATURE OF INJURY IN	ITEM 18, PART 1 OR PART	2)
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER		OF INJURY	19	NI. LOCATION				
G Protect the the condition on the condition of the condi	ME	WHILE AT WORK AT WORK	(AT HOME, S	TREET, FACTORY, OFFICE,		STREET		CITY OR TOWN	COUNTY	STATE
ol or ol or os		22a.1 certify that (I) this hosp	ital) attended t		701121	, 19_79	, to	1/22	. 19.79	_, that (ly (we))
E 4 D 0 4 E	18	sow the deceased alive or above, (1) (we) (did) (did no	of i view the bod	y after death.	79 , ond	that in (my) (our) opinio	n deoth occur	red on the date o	and hour and from	the couses stated
OR AT DIRECTORED THE POST OF T		22b. SIGNATURE	This had a		DE	GREE	MEDICA	L STAFF	22c. DA	ATE SIGNED
2 0 =		Benjamin	K.M	olaste	· mD	ATTENDING PHYSICIAN	MEDICA DIRECTO	R PHYSICIAN	1/0	12/78
HOSPITAL ned by the FUNERAL old be detected to the State ORTANI:		22d. PHYSICIANS NAME (TYPE	OR PRINT)) 1.1		22e. ADDRESS	1			, ,
TO HOSPITAL TO FUNERAL should be def with the State		Benjam.	K. 1	arkott	- mD	uml		Balto.	, Md.	
7 - ", S	23a.	BURIAL, CREMATION, REMOVAL				METERY OR CREMATORY	CID	ORTOWN	COUNTY	STATE
/ BP		Burial	1/25			thedral	Ba	lto.,		Md.
DHMH - 16 50M 7/77 (VR A 15 (4))	24 F	UNERAL DIRECTOR Hen:	cy W. ad Ba	Jenkins lto Mo	& Son	212 · 250. DA	AN 23	1979	REGISTRAR'S SIGN	halredy

DIVISION OF VITAL RECORDS.

STATE OF MARYLAND

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STATE OF MARYLAND

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

79-00907

Wm. C. March F/H 1101 East North Ave.

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DHMH - 16 50M 7/77 (VR A 15 (4))

FOR - STATE REGISTRAR

STATE OF MARYLAND

79-00910

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	1 DEC	CEASED NAME FIRST OR PRIMEL	MIDDLE	Ł	AST	20 DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
	(TIPE	(WILLI	E) WILBE	RT	GRANT	JANUARY	12 197	19	3:23A,
	3 SEX		4 RACE	5. DATE C	NAME OF TAXABLE PARTY.	6 AGE (IN YEARS LAST BIR	THDAY) IF	UNDER 1 YEAR	IF UNDER 24 HRS
			Mary State of the	MONTH	DAY YEAR			NTHS DAYS	HOURS MIN
	3- DI	Male RTHPLACE (STATE OR FOREIGN	Negro	1	15 1905	73	YRS.		
70		OUNTRY)	76. CITIZEN OF WHAT COUNT	MARRIE	NEVER MARRIED	9 BALTIMORE CITY			
0		Virginia	U. S. A.	WIDOWE		BALTIMO	RE CIT	ĽΥ	MD.
.00	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUI			120 USUAL OCCUPAT		126 KIND O	F BUSINESS OR
3	12	Baltimore	JOHNS HOP	KINS H	OSPITAL	(ITPE OF WORK FOR MOST	IF WORKING LIFE	INDUSTRE	
	USUA	AL RESIDENCE (IF NURSING HOME OF			131 INCIDE CITY HAVING	to croser appress			
K		aryland		imore	134 INSIDE CITY LIMITS?	130 STREET ADDRESS	eenmoi	int Ai	WONIIO
		THER'S NAME	Duze	2111020	15 MOTHER'S MAIDEN N		eemillot	IIIC A	venue
1			MIDDLE LAST	and the same	FIRST	WIDDLE		LAS	1
0	16a V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIALS	ECURITY NO.	17 INFORMANT	ADDR	ESS		
/	{Y	res, no or unknown) (IF yes, Givi	E WAR OR DATES	0-5606	Maxie C To	shages 420	77	21	
					Mary S. Jo	onnson 430	East	ZIST	Street
		18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	nly one couse per line for (o), (b)					BETWEEN	MATE INTERVAL
				MON A	RY EDE	m/+		/ 1	N
		4254	DUE TO, OR AS A CONSE	OUENCE OF				16	
		Conditions, if ony, which	(IN CAR	D10 m	YOPATH	y		10	yes
		gove rise to immediate couse (a), stating the							
		underlying cause last	DUE TO, OR AS A CONSE	OUENCE OF				1	
		PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT DELATED TO THE TER	MINIAL DISEASE OF CON	IDITION CIVEN	LINI DART 1:a	
	2	ACUTE	PEN/AI	F	ALLURE	MINAL DISEASE OR CON	DILION GIVE	IN PART TO	
-	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	IICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b IF YES, V	VERE FINDIN	IGS LISED
1	FIC	NONE					IN CERTIFYIN	NG CAUSES	OF DEATH?
	RT	210. ACCIDENT WAS UNDERLYING	T AND THAT OF INJURY		Tal: How bulley occur	YES NO	YES		NO 🗆
1		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUI	-	RY IN ITEM 18, PART	1 OR PART 2]	
	8	(IF EITHER, NOTIFY MEDICAL EXAMINER)		12 197	//	UE			
	MEDICAL	21d INJURY OCCURRED	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE FARM FTC 1	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	>	WHILE NOT WHILE AT WORK	(**************************************	ice, i milit, e.c.,					J. A. E.
		22a I certify that (I) (this haspi	ital) attended the deceased fro	JAN.	2 19.7	to JAN	12, 19	79	that (I) we) lost
		sow the deceased alive on	TAN 12		d that in (my) our) opinion	death accurred on the d	ate and hour a	nd from the	couses stated
		22b. SIGNATURE	ot) view the body ofter depth.		DEGREE			22c. DATE	SIGNED
		Man An	10 1/2		ATTENDING	MEDICAL STA		1/10	100
_		22d PHYSICIAN'S NAME (TYPE O	2	/	PHYSICIAN PHYSICIAN	DIRECTOR PHYSI	CIAN	1//2/	//
1	1300	//	A C			0			
6		KOMAN	14- 004		JOHNS 1	eof HINS	45026	11 10	
	23a B	SURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		OUNTY	STATE
	10	Burial	1/16/1979	Mt. Ca	alvary Cem.	Baltim		larvla	
	24 FU	INERAL DIRECTOR			250. DA	TAREC'D BY REGISTRAR		R'S SIGNATI	URE
		Marc Marc	h F/H 1101 E	Fact No	rth Avo	MIN 1 / 19/9	- Just	my / ha	Crossly
		Mills C. Lbra	/	TOP INC	T CII AVE		1		

79-00910 WE C Francis and statement come PREMIUS THREE STOOM EXON SALON TO ALL AND ALL A 12 39 2 39 30 30 30 37 37 63 I can come income mastering

medical examine must be notified at once.

IMPORTANT: If Item 21 is marked at Item 18 shows any injury, at other traumatic event, the

STATE OF MARYLAND

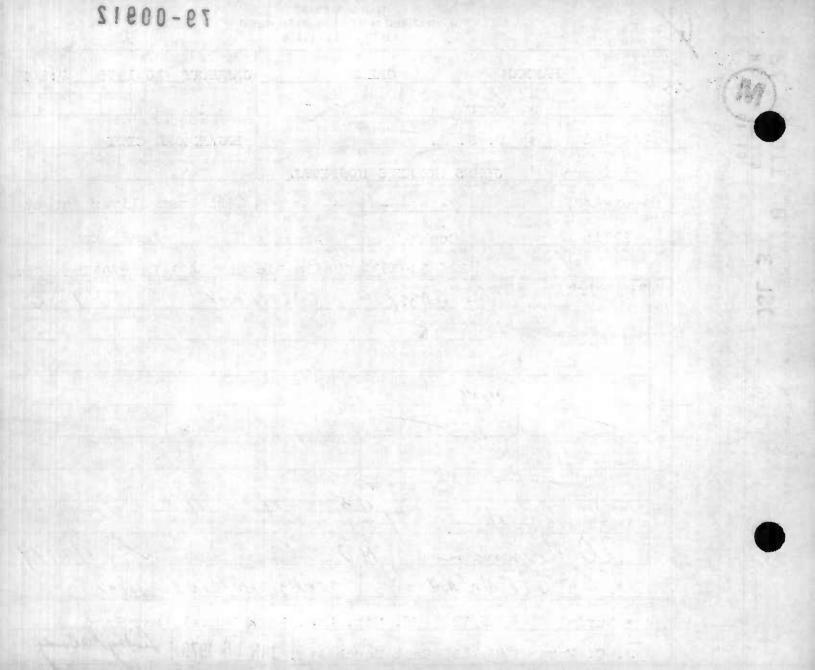
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	FOR - STATE REGISTRAR		DEPARTA		EALTH AND MENTAL		79-	009	11		
		CEASED NAME FIRST		MIDDLE	i	AST	20.	DATE OF DEATH	MONIH	DAY YEAR	2b. HOUF	R
	(IIIE	Frank	D	odson	G:	reen	65		1	8 79	13.00	M
	3 SEX		4 RACE	HELPIN	S. DATE C			GE (IN YEARS LAST BIR		IF UNDER I YEAR		
		Male	Blac	k	10"	22 13	5	65	YRS	MONTHS DAYS	HOURS	MIN
1		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 AAADDIG	NEVER MARRIED	9 B	ALTIMORE CITY	OR COUNTY	OF DEATH		
5		Va.	USA		WIDOWE			Balti	more	City		MD.
1		Balto.		H FACILITY, GIVE STREET	ADDRESS]	ROTHER INSTITUTION		USUAL OCCUPAT			OF BUSINE	SSOR
3	USUA 130 S	AL RESIDENCE (IF NURSING HOME OR STATE 13b COUN Md.	OTHER INSTITUTION,		ADMISSION)	13d. INSIDE CITY LIMI YES 📉 NO		STREET ADDRESS 29 S. R	oseda	le St		
9	14 FA	ATHER'S NAME FIRST A	AIDDLE	LAST		15. MOTHER'S MAIDE Willi		WIDDLE	Gre	en	ST	
1	16a V	VAS DECEASED EVER IN U.S. AR/ YES, NO OR UNKNOWN) (1F YES, GIVE	WED FORCES? WAR OR DATES)	224-07		Inez Th	omas	4502		cv Ro	ad	
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) MMEDIAT Canditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, O	R AS A CONSEQUE	NCE OF	E My	IELO	MA		SCIWEN	ONSET AND C	KAIN
7	CERTIFICATION	PART 2 OTHER SIGNIFICANT C				NOT RELATED TO THE	2	00 AUTOPSY?	20b IF YES	S, WERE FINDS	NGS USED	H?
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	21b. TIME O HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY O		ES NO		ART 1 OR PART 2)	NO [
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	21f LOCATION STREET		CITY OR TO	wN	COUNTY	STA	ATE
		220.1 certify that (1) (this haspit saw the deceased alive an above, (1) (martin) (did no		19		, 19 ad that in (my) (our) op		to		ir and from the		
		22h. SIGNOTURE Karan Signes		algence	Etant	TACLOSEBHYSICI	IAN DI		CIAN	1-	SIGNED 9-7	9
		SAMBANDAM B	ASKAK	AN		900 Car		we Bu	efim	ore 1	10 21.	229
	(:	BURIAL, CREMATION, REMOVAL SPECIFY) Burial				Mt. Bapt	. Ch		ex Co			TE
		UNERAL DIRECTOR NAME Vm C March F/	и 11	O1 E. N	orth		JAN	D. BY REGISTRAF	25b. RECOST	RAR'S SIGNA	Creedy	

DHMH - 16 50M 7/77 (VR A 15 (4))

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STATE OF MARYLAND 79-11912 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MIDDLE LAST 20 DATE OF DEATH YEAR 26 HOUR (TYPE OR PRINT) HANNAH GREEN JANUARY 3. SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH DAY YEAR HOURS Female Negro 19 YRS To BIRTHPLACE STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED KNEVER MARRIED COUNTRY) Virginia WIDOWED DIVORCED [BALTIMORE CITY 10. CITY OR TOWN OF DEATH 12g USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore JOHNS HOPKINS HOSPITAL DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 13h COUNTY 13c CITY OR TOWN 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? 2421 East Oliver Street Maryland Baltimore 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE Willie Lendleton Cook Agnes ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 226-32-8032 Sheila Pic ett 2421 East Oliver St APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY CARCINOMA DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse 101, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION NONE 90 DATE OF OPERATION 96 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO F Jental Hygie 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. N E 21d. INJURY OCCURRED 71e PLACE OF INJURY 211 LOCATION 0 CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE NOT WHILE WHILE AT WORK 220-1 certify that (1) (this hospital) attended the deceased from ____ DIRECTOR: sow the deceosed alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body after death TO FUNERAL DIRECT Should be detoched for with the State Dept. DEGREE 22b. SIGNATURE 22c. DATE SIGNED + MEDICAL STAFF DIRECTOR PHYSICIAN MPORTANT: 22e ADDRESS 22d. PHYSICIAN'S NAME (TYPE 231. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL 23b DATE STATE (SPECIFY) 1/15/79 Md. Nat. Mem. BP. Burial Park Laurel Maryland D. BY REGISTRAR 25b. RECISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 7/77 ADDRESS NAME 6 (VR A 15 (4)) C. March F/H 1101 East North Ave



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20 DATE OF DEATH 26 HOUR (TYPE OR PRINT) ELENA 3 SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY MONTH YEAR MONTHS DAYS HOURS emale TO BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED | NEVER MARRIED | Marvland Baltimore City. WIDOWED DIVORCED [126 KIND OF BUSINESS OR INDUSTRY Reprod. (TYPE OF WORK FOR MOST OF WORKING LIFE) Baltimore 0 Machine Opr. Hospital BALTIMORE, MARYLAND 21201 Gardens USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) ld be 13e STREET ADDRESS 4747 Chatford Ave.21237 130 STATE 136 COUNTY 3c CITY OR TOWN 13d INSIDE CITY LIMITS? Maryland Baltimore 4 FATHER'S NAME MIDDLE LAST Alice Herold John Maurer 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT No 219-07-4189 Helena Flowers (dgtr)same as 13 APPROXIMATE INTERVAL PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF DIVISION OF VITAL RECORDS, 201 W. underlying PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? pe ond Mentol Hygrene 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE NOT WHILE WHILE 220.1 certify that (Mithis hospital) attended the deceased from (aur) apinion death occurred an the date and haur and from the couses stated above (1) (we) (did) (did not) view the bady offer death. 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF MPORTANT: PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS should b 230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE Baltimreo. Burrial Holv Redeemer Cem. Md. SCHIMMER Funeral 3331 Brehms Lane DHMH - 16 50M 1/76 (VR A 15 (4)) Home.Inc. Balto.Md.21213



OUGS T THAT



NAME: Rodney Curtis Green

DATE OF DEATH: January 15, 1979

PLACE OF DEATH: Baltimore City.

SEE: # 79-03588 February, 1979 Baltimore City



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ine must be hot

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical brami

STATE OF MARYLAND

79-00915 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		REGISTRAR					CAIL OI	· CAIII	1	REG. NO.		
A	(TYPE	CEASED NAME OR PRINT)	ISADO		Thomas		EER		JANUA	RY 23,	1979	8:16A
		WHE		4 RACE		S DATE O		1912	6 AGE (IN YEARS	YRS		IF UNDER 24 HRS HOURS MIN
10	N	RTHPLACE ISTATE DUNTRY) ASSE	Auile	U,	S. A.	WIDOWE		VORCED [Bulti	WALE C	ety,	MD.
5	13	TY OR TOWN OF	City/	(IF NOT IN SUC	HOSPITAL, NURSING THE STREET CON HONE	ADDRESS)			TYPE OF WORK FOR	MOST OF WORKING		ty Company
6	130 S	reyland	1136 COUN		13 CITY OR TOW	N	13d. INSIDE C	NO 🔯		Scar F	BARS	
20		THER'S NAME	3	MIDDLE	GrEET			EMAIDEN NAM	M	IDDLE	PELIPER	iT
2		VAS DECEASED E ES, NO OR UNKNOWN		MED FORCES? E WAR OR DATES)	184-07-4		Mrs, B	rucie K	GLEEL GLEEL	2833 9	CATH Running	1 21047
		PART I. DEAT Conditions, if gove rise to couse (o), s' underlying co	IMMEDIA ony, which immediate toting the	DUE TO, O	R AS A CONSEQUE R AS A CONSEQUE R AS A CONSEQUE	NEGAT ENCE OF EN'S					WI	WATE INTERVAL OASET AND DEATH EEKS YEARS
0	CERTIFICATION	19g. DATE OF OP	ERATION	196 COND	CHOLA	NGITI	S WAS PERFO		20a AUTOPS	Y? 20b. IF Y	GIVEN IN PART 10 YES, WERE FINDIN	NGS USED
2		1-22-	UNDERLYING	21b. TIME C	GREN S	-		JURY OCCURRE		9E	YES [] 8, PART 1 OR PART 2)	NO 🗍
-	MEDICAL	(IF EITHER, NOTIFY M 21d. INJURY OCC WHILE NO	EDICAL EXAMINER)	P. 21e. PLACE	M. OF INJURY REET, FACTORY, OFFICE, F	19 ARM, ETC.)	211. LOCATE STREET	ÖN — —	CII	Y OR TOWN	COUNTY	STATE
					e deceased from _ 23 19 after death.	79 , on	d that in (my)	our opinion de	, to eath occurred a	1-23	nour and from the	
		228 PHYSICIAN	2, NG	1	ni M	·R		ATTENDING PHYSICIAN			7/	23/79
1		A. F.	NAZEM	II, M.D			100	N. BRO	ADWAY,	BALTI	ORPORA'	
	only	BURIAL, CREMATIC		JAN. 25	-,1979 BE	=1 Air-1		Gardens		"Harbord &	COUNTY MANY AND	`
	14 F	INERAL DIRECTO	Bliam For	STET W	BELLIN M	y & Wi	liams S		4.75	78 PER	STRAR'S SIGNAL	A 200 Page

DHMH - 16 50M 7/77 (VR A 15 (4))

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIERE CERTIFICATE OF DEATH

		CEASED NAME	FIRST	N	MDDLE		LAST	A	20 DATE O	F DEATH	MONTH	DAY YEAR	2b HOUR
	TYPE	OR PRINT)	Frede	2 2	Z.	GA	enel				1 4	+ 79	7:10A
	3. SE)	· -		4 RACE			OF BIRTH		6 AGE (IN Y	EARS LAST BIRT	HDAY)	IF UNDER 1 YEA	R IF UNDER 24 HRS
		-		Mh	ite	MONT	H DAY	1910	68		VAC	MONTHS DAYS	S HOURS MIN
11	7a BI	RIHPLACE (STATE C	OR FOREIGN	b CITIZEN OF V		TRY? 8			- 0	ORE CITY C	R COUNT	Y OF DEATH	1. 1
19	CC	Wend)	York	11.	ς. Δ.	WIDOW		MARRIED		Cit	4 0	f Bal	t-0
	10 CI	TY OR TOWN OF D	- 1	11. NAME OF H	IOSPITAL, NI			STITUTION	12a. USUAL	OCCUPAT	DN .		OF BUSINESS OR
10	in.	Baltimor	.0	DOP SUCI	FACILITY, GIVE	STREET ADDRESS)	Hoch	tal.		Sewa	F WORKING LI	FE) INDUSTR	Home
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-	14 FA	THER'S NAME			Dare	0.	15. MOTHER	S MAIDEN NA	ME	E .	TIPAT	ray	
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1		ES, NO OR UNKNOWN)		WAR OR DATES)	114 /	01101	-		+ 0			Co	ma
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0	-	OR CONTRIBUTING		HOUR A.A	A. MONTH	DAY YEAR	21c HOW	NJURY OCCUR	RED (ENTERN)	ATURE OF INJU	RY IN ITEM 18, I	PART 1 OR PART 2)	
7	MEDICAL	(IF EITHER, NOTIFY ME	DICAL EXAMINER)	P.A		19	1						
	WED	21d. INJURY OCCU		21e PLACE C		FFICE, FARM, ETC.)	211 LOCAT			CITY OR TO	WN	COUNTY	STATE
		AT WORK AT	WORK										
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		saw the dece above (1) (we	eased alive on_ (did) (did nat	view the body	ofter death.	19 79 .0	nd that in (m	r) (aur) apinion	death accurre	ed an the d	ote and hou	ur and fram th	e couses stated
		22b. SIGNATURE	D.	mian	Calv	0,	DEGREE 14			47.		22c. DAT	TE SIGNED
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P	23a B	URIAL, CREMATIO	N, REMOVAL	23b. DATE		23c. NAME OF	EMETERY OF	CREMATORY	23d. LOC.	ATION		601017V	
100	(5	Cremati	on	1/8/7	79	Green	nount		Ba.	Ltimo	re. C	ity.	Md.
	_	INERAL DIRECTOR	Henry	W. Je	nkin.	s & Son	is Co.	PART	E RECID BY			RAR'S SIGNA	
11.	4	905 Yor	k Road	Bald	to ,	Md. 2	1212	חחו	0 13	3	and	reginal	ready

DHMH - 16 50M 1/76 (VR A 15 (4))

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physics should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

OR ATTENDING PHYSICIAN: The low

etoined by the hospital or offendi

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

6	1-	FOR STATE REGISTRAR			DEPA		ICATE OF	MENTAL HYG DEATH	IENE 7	9 - (009	17		
		CEASED NAME	FIRST		MIDDLE		AST	PP 3700	20 DATE OF	DEATH A	AONTH D	AY YEAR	26 HOUR	
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	3. SE			4. RACE		5. DATE (6. AGE (IN TEA	ARS LAST BIRTH	IDAY)	IF UNDER 1 YEAR	IF UNDER 24 H	HRS
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11	_	ATHER'S NAME					15 MOTHER	S MAIDEN NAM						
1		LOUIS	~	NOOLE	GRE	WE.		ANTANA		WIDDIE		RESUR		
7	16a V	WAS DECEASED EVER			166 SOCIALS		17 INFORM	- 10		ADDRE:	55			
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9		21a. ACCIDENT WAS UN		21b. TIME C		DAY YEAR	21c. HOW !!	NJURY OCCURR	RED (ENTER NAT	URE OF INJUR	Y IN ITEM 18, PA	RT 1 OR PART 2)		
/	CAL	(IF EITHER, NOTIFY MEDIC			.M.	19				3 11 1			1617-100	
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1	73a 1	220. I certify that (1) sow the decosobove. (1) (1) (2) 22b. SIGNATURE 22d. PHYSICIAN'S N	AME (TYPE OR	view the Kody	KIN		DEGREE 22e. ADDRE	-c Tow	MEDICAL DIRECTOR	STAF PHYSIC	FIAN X	22c. DATE	SIGNED 4-79 21043 Hay M	
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	74 F	UNERAL DIRECTOR		1 01-00	177	LOKKAII	21229		E REC'D. BY RE					
		NAME			ADDRESS	3	21229	101		70		- Not		

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HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

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	point to the state of	No-Stall Mind	4/18/	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEAT REGISTRAR 1. DECEASED NAME FIRST a. DATE KNOWN YEAR 2b. HOUR HINOW X DAY (TYPE OR PRINT) OF ESTI-MARTE GRIER DEATH MATED 19 4. RACE S DATE OF BIRTH AGE (IN YEARS. IF UNDER 1 YR. IF UNDER 24 HRS DAY YEAR DATE MONTH DAY YEAR AST BIRTHDAY PRONOUNCED IRE FUNERAL DIRI 5 FOR UR 7, WITHIN 72 66 female DEAD 10 79 a NECESSARY, negro PRESTON YRS To. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore City DIVORCED WIDOWED Unkn FILED, 120. USUAL OCCUPATION (TYPE OF WORK 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS PAGE (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) OR INDUSTRY Baltimore Union Memorial Hospital SE/ VITAL RECORDS; 3. RETAIN SHOULD BE USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 420 E. North Ave 21201 Md. Balto. YES W NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME C MD PA MIDDLE LAST MIDDLE LAST FIRST OF VIT Unkn Unkn FORM 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16b. SOCIAL SECURITY NO 7. INFORMANT DIVISION WITH FO (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL 18 PERMIT. BETWEEN ONSET AND DEATH Arteriosclerotic cardiovascular disease ALONG PART I DEATH WAS CAUSED BY: MENTAL HYGIENE ITEM IMMEDIATE CAUSE (o), DUE TO, OR AS A CONSEQUENCE OF REMOVAL BURIAL-TRANSIT Conditions, if any, which EXAMINER gave rise to immediate couse (a) stoting the under-3 DUE TO, OR AS A CONSEQUENCE OF lying cause last. OR AND CREMATION, MEDICAL DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) ED AS A CERTIFICATION USED 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF BURIAL YES [] NO K **BE** DEPARTMENT 21a EXTERNAL CAUSE WAS FORWARDED TO INTERPRETATION OF STREET 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR 0 MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. PRIOR 21e. PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN COUNTY NOT WHILE AT WORK 212011 22a. I certify that I took charge of the remains described place, held on Auto psy Inspection Inquiry ond in my ppinion DIRECTOR: ARYLAND, Homicide deoth resulted from: Suicide Notural causes Accident Undetermined monner WITH 910 TITLE (SPECIFY) ACTUAL DATE Assistant 1-5-79 PAGE 4 SHOUTO \$ DEATH. SIGNATURE AFTER DEATH EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St. (TYPE OR PRINT) ADDRESS 230 BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY STATE Buria1 Memorial Par Baltimore MaryLand BP 24. FUNERAL DIRECTOR **DHMH-17** C. March F/H 1101 East North Ave. (VR A15 ME (5)) 30M 7/73

	10	STATE OF MARYLAND
OV	1	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7 9 - 0 1 9 9
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deoth.	DE/	OUNTRY) WIDOWED DIVORCED BARYOUTH MD.
fter dec	10 0	17. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (17 OF WORK FOR MOST OF WORK FOR
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NOF VITA SICIAN: Ting physicing certificate rial-transit ental Hygi		OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR
ON OF	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The law requir r attending physician. After this certificate has been signs the buriol-transit permit. Then as the buriol-transit permit. Then the and Mental Hygiene prior to be the and Mental Hygiene prior to be and mental Hygiene prior to be the and mental Hygiene prior to be an expense prior to be an expense prior to be a prior	ME	LAT HOME STREET SACTORY OFFICE SABA ETC.) STREET CITY OF TOWN COUNTY STATE
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E O E O O		saw the deceased alive an
OR AT OR AT DIRECT Sched f Dept. of Item.		276. SIGNATURE DEGREE 110. ATTENDING MEDICAL STAFF 276. DATE SIGNED
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OSPIT NEED BY TOWER IN THE SECONT AND SECONT		774 PHYSICIAN'S NAME (TYPE OR PRINT) 27e ADDRESS
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1205 5 5	23a.	PAL, CREMATION, REMOVAL 236. DATE 230 NAME OF CEMETERY OR CREMATORY 23d. LOCATION
120BP	8	1/18/28 /2001 10/16 1000 16/18/1/1 Promis
DHMH - 16 50M 7/77	21	UNERAL DIRECTORY 12 6 20 C. ANDREAS MAIN 18 1250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
(VR A 15 (4))		JAN 1 6 1979 Firkry McCreedy



BALTIMORE DAYS DA		1-	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL H	YGIENE 79-	00920
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THE CAUSE OF DEATH Enter only one couse per line for (o), (b), and (c)	O. L.	730 S	ARYLAND POR COUNT	TY 13c CITY OR TO	VN 13d INSIDE CITY LIMITS?	709 CL	IMBERLAND ST.
18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Cata day Quarter of the couse (b) Cata day Quarter of the couse (c) Stating the couse (c) Stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I to couse (c) Stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I to couse (c) Stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I to couse (c) Stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I to couse (c) Stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I to couse of DEATH? PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I to couse of DEATH? PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART I to couse of DEATH? PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART I to couse of DEATH? PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART I to couse of DEATH? PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART I to couse of DEATH? PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART I to couse of DEATH? PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART I to couse of DEATH? PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART I to couse of DEATH? PART 2 OTHER SIGNIFICANT CONDITIONS COUSE IN PART I TO COUSE I	×	7	Victor	JOHNSON	FIRST	WIDOFE	Sinth
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DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GOVERNDED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GOVERNDED TO THE TERMINAL DISEASE OR CONDITION GOVERNDED TO THE TERMINAL DISE	rent, th		PART I. DEATH WAS CAUSED	BY.	nd ic	111	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
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OR CONTRIBUTING CAUSE OF DEATH (# EITHER, NOTEY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED WHILE AT WORK AT WORK 220. I certify that (I) (this haspital) attended the deceased from 1-1/2 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (Idid) (idid not) view the body after death. DEGREE 220. DATE SIGNED ATENDING MEDICAL STAFF 221. DATE SIGNED ATENDING MEDICAL STAFF		IFICATION		19.600)	100000		IN CERTIFYING CAUSES OF DEATH?
276. PLACE OF INJURY WHILE AT WORK AT WORK AT WORK 10 12 14 HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 270. I certify that (I) (this haspital) attended the deceased from 1979, and that in (my) (our) apinion death occurred on the date and hour and from the causes stated above, (I) (we) Idid) (did not view the body after death. 270. SIGNATURE 271. INJURY OCCURRED 272. INJURY OCCURRED 273. INJURY OCCURRED 274. INJURY OCCURRED 275. SIGNATURE 276. DATE SIGNED 276. DATE SIGNED 276. DATE SIGNED 277. INJURY OCCURRED 276. INJURY OCCURRED 277. INJURY OCCURRED 277. INJURY OCCURRED 27	0 0		OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH [DAY YEAR		
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	1		220. PHYSICIAN'S NAME PAPEOR	PRINT)	PHYSICIAN		
		24 5			OT HUNTE	DALTO. ATE REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGNATURE
The Hall of the All All Paris			PURNEIL B.Od	EN/ 4101 Edm	NORM AND PARTOFF	3 6 1979	printing Malaudy

	REGISTRAR DECEASED NAM	E FIRST		MIDDLE		R'S CERTII			2a. DATE KN	NOWN F	MONTH	DAY	EAR 75 HOU
(1	TYPE OR PRINT)	Edwar	-d (George	9	C			OF DEATH A	ESTI-		0 10	
3. S	EX	4 RACE	5. DATE OF BIRTH	16.	AGE (IN YEARS	Groon IF UNDER 1 Y	R. IF UND	ER 24 HRS.	Žc. DATE		HTHOM	9 19 DAY	YEAR 2d HOL
1	Male	White	9/29 1	891	87 YRS.	MONTHS DAYS	HOURS	MIN	PRONOUNC DE AD	ED	1	9 19	79 9:1
1	BIRTHPLACE (S FOREIGN COUNTRY) S. Car		76. CITIZEN OF WE	AT COUNTR		MARRIED X		RRIED	9. BALTIMO	RECITY OR O			TH
10.	CITY OR TOWN	OF DEATH	11. NAME OF HOSI (IF NOT IN SUCH FAIR Univer	PITAL NIIPS	ING HOME C	P OTHER INIST		120. USI	UAL OCCUPA MOST OF WORKIN	TION (TYPE OF	F WORK	12b. KIND (OR INI	of BUSINESS OUSTRY Fuction
US 13e	UAL RESIDENCE	(IF IN NURSING HOME O	ROTHER INSTITUTION, GIV	VE RESIDENCE BEI			DE CITY LIMITS?						21230
-	FATHER'S NAM	F		Paz v.	- Inot c			IDEN NAME	2) 50	errec	, U N	0001	21230
0	Geor		WIODEE	Groom		13.740	FIRST	DEIT ITAME	MIDE	DLE	7	LAST	
160	WAS DECEASE	DEVER IN U.S. ARA	MED FORCES?		L SECURITY N	O. 17. INFO	Ann			ADDRESS		lilto	n
	(YES, NO, OR UNKNO	OWN) (IF YES, GIVE V	WAR OR DATES)	212	07-76	55 A11	nerts	Gro	Ome	Como	0.0	130	
F	18. CAUSE C	F DEATH (Enter anl	y ane cause per line	far(a), (b), a	nd (c).)						as_	APPROX	MATE INTERVAL
1	PARTIDE	EATH WAS CAUSED	BY: F &	acial 8	k head	trauma	with	compl	icatio	ns		BETWEEN	ONSET AND DEAT
	16	88		AS A CONSE	QUENCE OF				7 14 1				de anne
		ns, if any, which ise to immediate	(b)										
) stating the under-	DUE TO, OR	10 1 000105									
		1 4	DOL 10, OK.	AS A CONSE	QUENCE OF								
	lying car	use last.	(c)	AS A CONSE	QUENCE OF								
2	PART 2 OTHER S		(c)			OISEASE OR CONDI	TION GIVEN IN	PART 1 (a).					
ATION	PART 2 OTHER S		(c)	BUT NOT RELATED	TO THE TERMINAL	14	Also	PART 1 (a).				20 AUTO	DPCV2
FICATION	PART 2 OTHER S	IGNIFICANT CONDITIONS C	(c)	BUT NOT RELATED	TO THE TERMINAL	OISEASE OR CONDI	Also	PART 1 (a).				20. AUTC	
FRTIFICATION	PART 2 OTHER S	IGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH I	BUT NOT RELATED	TO THE TERMINAL	ON WAS PERF	ORMED?		NATURE OF INJUR	Y IN ITEM 18 PAR	RT 1 OR PAR	YES	DPSY?
AL CERTIFICATION	PART 2 OTHER S	FOPERATION AL CAUSE WAS OF OR	(c)	FINJURY MONTH, D	TO THE TERMINAL	ON WAS PERF	ORMED?	RED (ENTER)	MATURE OF INJUR	Y IN ITEM 18 PAR	RT I OR PAR	YES	
7 8	PART 2 OTHER S	FOPERATION AL CAUSE WAS OR NG CAUSE OF D	21b. TIME OF HOUR 21c PLACE C	FINJURY MONTH D TO MONTH D	TO THE TERMINAL HICH OPERATION AY YEAR 19 AT HOME	ON WAS PERF	ormed?	RED (ENTER)	NATURE OF INJUR	Y IN ITEM 18 PAR	RT I OR PAR	YES	
7 8	PART 2 OTHER S 19a DATE OF 21a EXTERNA UNDERLYING CONTRIBUTI 21d INJURY (FOPERATION AL CAUSE WAS OR NG CAUSE OF D	ONTRIBUTING TO DEATH I	TION FOR WH	TO THE TERMINAL HICH OPERATION AY YEAR 19 AT HOME	ON WAS PERF	ORMED?	RED (ENTER)	NATURE OF INJUR			YES YES	
7 8	PART 2 OTHER S 19a DATE OF 21a EXTERN. UNDERLYING CONTRIBUTI 21d INJURY 6 WHILE AT WORK	FOPERATION AL CAUSE WAS OR NG CAUSE OF D OCCURRED NOT WHILE AT WORK	ONTRIBUTING TO DEATH I	FINJURY MONTH DORR, FARM, ETC.)	TO THE TERMINAL HICH OPERATION AY YEAR AT HOME,	ON WAS PERF	ORMED?	red (ENTER)		ltimor		YES	NO .
7 8	PART 2 OTHER S 19a DATE OF 21a EXTERNA UNDERLYING CONTRIBUT 21d INJURY (WHILE AT WORK 22a I cert	FOPERATION AL CAUSE WAS OR NG CAUSE OF D OCCURRED NOT WHILE AT WORK	19b. CONDIT	FINJURY MONTH DORR, FARM, ETC.)	TO THE TERMINAL HICH OPERATION AY YEAR AT HOME,	ON WAS PERF	ORMED? RY OCCUR beat Sterr	red (ENTER)	t. Ba	ltimor	e cou	YES	NO .
7 8	PART 2 OTHER S 19a DATE OF 21a. EXTERN. UNDERLYING CONTRIBUT 21d. INJURY (WHILE AT WORK 22a. I certi	FOPERATION AL CAUSE WAS GOOD CAUSE OF DOCCURRED NOT WHILE AT WORK	19b. CONDIT	DUT NOT RELATED FINJURY MONTH D FINJURY MONTH D FINJURY ORR, FARM, ETC.)	TO THE TERMINAL HICH OPERATION AY YEAR 19 ATHOME,	ON WAS PERF	ORMED? ORMED? ORMED? ORMED?	red (ENTER)	t. Ba	ltimor 	e cou	YES UNITY inian	X NO
7 8	PART 2 OTHER S 19a DATE OF 21a EXTERNA UNDERLYING CONTRIBUT 21d INJURY (WHILE AT WORK 22a I cert	FOPERATION AL CAUSE WAS GOOD CAUSE OF DOCCURRED NOT WHILE AT WORK	19b. CONDIT	DUT NOT RELATED TION FOR WE TINJURY MONTH D TINJURY ORR, FARM, ETC.)	TO THE TERMINAL HICH OPERATION AY YEAR 19 ATHOME,	ON WAS PERF	RY OCCUR beat Sterr Inspect micide (SPECIFY)	rett S	Inquiry Cermined mann	ltimor], and in	e cou	YES UNITY inian	X NO
7 8	PART 2 OTHER S 19a DATE OF 21a. EXTERNA UNDERLYING CONTRIBUTI CONTRIBUTI WHILE AT WORK 22a. I certi	FOPERATION AL CAUSE WAS GOR OCCURRED NOT WHILE AT WORK THE HOST WHILE AT WORK NAME NAME	19b. CONDIT	FINJURY MONTH DOF INJURY DOF INJURY DOF INJURY CORR. FARM, ETC.)	AY YEAR 19 ATHOME, held an	ON WAS PERF	Sterr Inspecting (SPECIFY)	rett S	Inquiry Cermined mann	ltimor 	in my ap	YES	X NO
MEDICAL	PART 2 OTHER S 19a DATE OF 21a EXTERNA UNDERLYING CONTRIBUTI CONTRIBUTI WHILE AT WORK 22a I cert death result ACTUAL SIGNATURE EXAMINER'S (TYPE OR PRI	FOPERATION AL CAUSE WAS GOR NG CAUSE OF D OCCURRED NOT WHILE AT WORK AT WORK OCCURRED TO THE CONTROL OF D OCCURRED OCCURRED TO THE CONTROL OF D OCCURRED OCCU	21b. TIME OF HOUR 21c PLACE CONDITION OF THE	INJURY MONTH DOF INJURY ORY, FARM, ETC.) Cribed abave Actident Smith,	TO THE TERMINAL HICH OPERATION AY YEAR AT HOME, held an . Suicid	ON WAS PERF	Sterr Inspectimicide (SPECIFY)	rett S tion	Inquiry Cermined mann	ltimor 	in my ap	YES YES Initial The second of the second	X NO

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STATE OF MARYLAND FOR 79-00923 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME MIDDLI 20. DATE OF DEATH 2b. HOUR TYPE OR PRINT) OSEPH F 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS MONTH DAYS CAUC. 10 06 BIRTHPLACE STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH COUNTRY) Md. MARRIED NEVER MARRIED USA DIVORCED Baltimore City WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR Church Supplie (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS Ch of Board Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE Md. 13b COUNTY 13¢ CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 2805 N. Charles St. Baltimore NO 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Lautner Joseph Grottendick Barbara 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ADDRESS 17 INFORMANT LYES NO OR LINKNOWN) I (IF YES, GIVE WAR OR DATES) no Leona M. Grottendick 214 03 3459A Same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (0), (b), and (c) PART I. DEATH WAS CAUSED BY. MOUTH-TERMINAL STAGE CANCER IMMEDIATE CAUSE (0 DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse 101, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. 20 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) g CERTIFICATION 20h IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? d IN CERTIFYING CAUSES OF DEATH? NOF YES [sho uriol-tronsit 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) Item 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE orked WHILE NOT WHILE 220.1 certify that (I) (this hospital) attended the deceased from sow the deceased alive on. and that in (my ((our)) opinion death occurred on the date and hour and from the causes stated obove. (1) (we) (did) (did not view the body ofter depth 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS should be with the S SNELLO 230 BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY 23d. LOCATION 1/5/1974 STATE Burial Dulaney Valley Mem. Gds Cockeysville Md. 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Mitchell-Wiedefeld Home 6500 York Rd.

DHMH - 16 50M 1/76 (VR A 15 (4))

-ionfilm!

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and ca should be detached far use as the burial-transit permit. Then please remove carbanpapers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event, the

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-00924

	1 -	REGISTRAR				CERTIF	ICATE OF DEAT	H	REG. NO	D.		
		CEASED NAME OR PRINT)	FIRST HAI		WIDDLE	GR	UZIN		20 DATE OF DEATH	MONTH DA	3-79	26. HOUR
	3. SEX		****	4 RACET	TE	More	OBTAINABL	E ran	6. AGE (IN YEARS LAST BIRT		FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN
7		RTHPLACE (STATE OR FO	DREIGN			8 MARRIE	widowed XX Divorced		9 BALTIMORE CITY O		MD.	
2	B	TY OR TOWN OF DEA		(IF NOT IN SUC	INAI HOSI	PITAL	OR OTHER INSTITUTI	ON	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF MERCHANT	WORKING LIFE	INDUSTRY	F BUSINESS OR
5	13a S M	ARYLAND	ING HOME OF		BALTIMOL	/N	138. INSIDE CITY LIV YEXXX NO		13e. STREET ADDRESS 4232 LAB	YRINTH	I RD.	#21215
6		JOSHUA		MIDDLE	GRUZIN		15 MOTHER'S MAI		WIDDLE		IKNOWN	ī
1		/AS DECEASED EVER es, no or unknown) D		RMED FORCES? E WAR OR DATES)	16b SOCIAL SECU	JRITY NO.	ISRAEL GR	RUZIN	6501 DEAN			21209
7	CERTIFICATION	Conditions, if ony, gove rise to imm couse (o), stotin underlying couse PART 2 OTHER SIGN 19a DATE OF OPERAL	nediote g the lost	(c)CONDITIONS <u>CC</u>		ENCE OF	NOT RELATED TO TO	HE TERMI	INAL DISEASE OR CONT	206 IF YES,	WERE FINDIN	NGS USED
7	MEDICAL CERTII	21a. ACCIDENT WAS UND OR CONTRIBUTING CO (IF EITHER, NOTHY MEDIC, 21d. INJURY OCCURR WHILE WHILE WHILE AT WORK AT WO	CAUSE OF DE.	21e PLACE	M. MONTH DA M.	AY YEAR 19	21c. HOW INJURY	OCCURR	YES NO NO NO NED (ENTER NATURE OF INJUR			NO STATE
1		22a. I certify that (I) sow the decease obove, (I) (we) (c) 22b. SIGNATURE 22d. PHYSICIAN'S NA	d olive on	oti view the body	-23 197		DEGREE ATTEN PHYSI 22e ADDRESS	DING _	, to O - death occurred on the do	F		
/	23a B	CESAR URIAL, CREMATION,	REMOVAL	GAN 1236. DATE			40 SI	NA I	1 HOSPITA 1334 LOCATION CITY OR TOWN	HL .	OUNTY	STATE
		INERAL DIRECTOR	SOI I	JAN. 25			AMUNO	250. DATE	BALTIMOR	E	MARYI.A	ND
	60	010 REISTE			& BROS.			JAI	N 3 0 1979	fring	rejma	Georgy

DHMH - 16 50M 7/77 (VR A 15 (4))

6010 REISTERSTOWN RD.

79-00924 DEFECT OF THE PROPERTY OF THE